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ABSTRACT

This document reviews the Virginia Research Utilization Specialist (RUS) project which began in 1969 to assist in demonstrating effective methods of research utilization in the State Vocational Rehabilitation Agencies. Nine RUS personnel were involved in the demonstration project and developed the following activities: (1) work on a statewide level to promote the usage of meaningful findings for program improvement; (2) work cooperatively with supervisors and administrators in solving vocational rehabilitation problems through research findings; (3) evaluate and interpret research findings for use in identifying new patterns for improved service delivery; (4) maintain informal contact with counselors in order to determine an adequate picture of their needs; (5) plan and provide for temporary systems--institutes and seminars; and (6) conduct special studies for the purpose of determining program needs within the vocational rehabilitation department. Special attention is given in the report to the Research Information Center which helps to stimulate awareness and interest in research findings as well as in the maintenance of material from which new ideas for program improvement may be generated. The impact of the RUS project is discussed, and guidelines for the establishing of a rehabilitation agency information center are presented. (Author/PC)

ED 096593

Establishing a Research Utilization Specialist

IN A STATE VOCATIONAL REHABILITATION AGENCY

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CG 009 312

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF VOCATIONAL REHABILITATION
MAY 1974

ED 096593

Final Report of the Project

ESTABLISHING A RESEARCH UTILIZATION SPECIALIST IN A STATE VOCATIONAL REHABILITATION AGENCY

6/1/69 - 5/31/74

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May 1974

SIGNIFICANT FINDINGS

1. A well-established research utilization program within a state vocational rehabilitation agency can facilitate the use of meaningful research findings by practitioners.
2. A systematic plan for storage, retrieval, and dissemination of meaningful research findings is essential to an effective research utilization program within a state vocational rehabilitation agency.
3. A major role for a Research Utilization Specialist may be that of a catalyst by working through others to implement program changes and improvements based upon meaningful research findings.
4. A Research Utilization Specialist must establish a level of credibility among practitioners before he can effectively fulfill his role as a change agent.
5. Program improvements and changes do not occur suddenly. They become integrated into an on-going system through several definable stages beginning with awareness and ending with stabilization. This may be called "The Change Process".
6. Program changes and improvements are adopted more quickly when appropriate personnel are involved from the start of the change process and when the change or improvement addresses itself to a specific need.
7. Program changes in an organization must address themselves to the appropriate decision-making level.
8. Helpful vocational rehabilitation research data are often heavily weighted with technical "jargon". This often impedes interpretation and application by practitioners.

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CHAPTER I

INTRODUCTION

Background: "With the passage of the 1954 vocational rehabilitation legislation, the research and demonstration activities for the Vocational Rehabilitation Administration (now Rehabilitation Services Administration) were initiated. By the mid 1960's approximately 1,000 research and demonstration projects had been funded and final reports had been turned in." [1]

By 1968, however, it was becoming apparent to Social and Rehabilitation Services officials that only limited usage was being made of many findings unveiled by this extensive research activity. It was believed that these reports contained much information which, if effectively utilized, could result in more and better services to the disabled in the nation. The goal then became the development of a more comprehensive and systematic plan for the utilization of these and other research findings as they related to vocational rehabilitation services. By the summer of 1968, the Research Utilization Branch of Social and Rehabilitation Services, Department of Health, Education, and Welfare, had been established and the idea of several pilot projects designed to demonstrate effective methods of research utilization in State Vocational Rehabilitation Agencies had crystallized. Each project was to be located in a selected state agency in each of the then nine H.E.W. Regions. In August 1968, the Virginia Department of Vocational Rehabilitation submitted the first proposal for a research and demonstration grant to "Establish a Research Utilization Specialist in a State Vocational Rehabilitation Agency."

Basic Concept in Proposal Design: It was realized by the authors of the Virginia proposal that the concept of using research findings to improve practice was not new. Practical applications of research and knowledge utilization must date back as far as prehistoric times when mankind first realized that fire burned; therefore, it cooked meat. A more recent example

of the usage of research findings in practical situations is the early county agriculture agents of the 1930's. With an information bank (research data from agricultural extension centers at land grant colleges) and a repertoire of skills, they revolutionized farming practices throughout the nation.

The guidelines for the nine state RUS projects, which were distributed by SRS, did not vary significantly from those originally proposed by the Virginia Department of Vocational Rehabilitation. With only minor budget changes, the initial guidelines proposed by the Virginia Project were approved. The project starting date was June 1969.

The Research Utilization Specialist (RUS) Position in Virginia: The RUS in the Virginia Department of Vocational Rehabilitation was employed at a director's level and was directly responsible to the Assistant Commissioner for Program Planning and Development. The Research Utilization Specialist was supported by a Research Librarian who maintained the Agency Research Information Center. Both the RUS and the Research Librarian functioned as staff personnel with no direct line authority for operations.

The Research Information Center: From the very start of the Virginia RUS project, it was realized that a program of research dissemination and utilization must, by its very nature, include an information resource bank or Research Information Center for the storage and retrieval of new ideas produced through research findings. The Virginia RUS Research Information Center was not planned to serve only as a center for the collection and storage of research reports and papers. It was to be a vital force in promoting the usage of knowledge gained through research findings. Chapter V of this report discusses in more detail further functions of the Research Information Center.

Personnel Changes: Two months after the RUS project was undertaken, the original RUS was promoted to the position of Assistant Commissioner for

Program Planning and Development. The newly appointed training officer for the Agency was promoted to direct both the RUS project and the Department's training activities. Two additional personnel were employed to continue the agency-wide training and staff development program, but the responsibility for overseeing their activities remained the new RUS's. At this time the newly appointed Research Librarian joined the Agency's Research Utilization and Training staff. Her duties were to develop the library in concert with the research utilization and training activities. The Research Utilization and Training staff now consisted of six people: two trainers, a librarian, a research utilization specialist, a full-time secretary, and a half-time secretary. Because of the infancy of the new training program, the RUS program, and the Research Information Center, it was felt that the training element should be reassigned. This change, which occurred in October 1969, proved to be significant in that it allowed for the full development of a comprehensive program of research and knowledge utilization. Since that date, no other personnel changes have occurred.

RUS Training Aspects: Because the role of a state vocational rehabilitation research utilization specialist was new to the field in 1969, many problems emerged regarding the elements which should be incorporated in a satisfactory training program for the nine RUS's involved in the national demonstration project. A training program for the nine research utilization specialists was undertaken by the School of Rehabilitation Counseling of the University of Florida at Gainesville. Five training seminars were conducted during the [redacted] of the national demonstration project under the sponsorship of a gra[redacted] from the Training Division, Social and Rehabilitation Services, Department of Health, Education, and Welfare. The present Virginia RUS attended only four of these seminars due to his late appointment as project director. Only three of the original nine RUS's continued in the national

demonstration project for its entire duration. Under such circumstances, a sequential training program for the several RUS's was hard to conduct from the Federal level. During the course of the training program, the nine RUS's were given group and individual consultation by authorities in the field of knowledge utilization such as, Ronald Havelock of the University of Michigan Institute for Social Research and Edward Glaser of Edward Glaser & Associates in Los Angeles. Individual RUS's supplemented these training seminars by obtaining consultive services from both private and public organizations. Training resources employed in the Virginia project included staff of the West Virginia University Rehabilitation Research and Training Center, a team of knowledge utilization consultants from Westinghouse Telecomputer Systems Corporation in Pittsburgh, staff from a local pharmaceutical manufacturing and sales company, and agriculture extension personnel from Virginia Polytechnic Institute and State University at Blacksburg, Virginia.

CHAPTER II

GOALS AND OBJECTIVES OF THE RUS PROGRAM

Goals: The goals of the Virginia Research Utilization Specialist project were synonymous with guidelines developed for the national demonstration project.

(1) To promote the actual use of meaningful research findings among practitioners so that more and better quality rehabilitations may be achieved.

(2) To bring new and more effective research findings to the attention of practitioners and administrators.

(3) To call to the attention of researchers the most urgent needs of state vocational rehabilitation practitioners and administrators.

(4) To employ a variety of techniques and strategies in collaboration with State and Regional offices in fostering the usage of research findings which held promise for improved service delivery to the disabled.

Although techniques and objectives were modified during the course of the project, these goals remained constant throughout the five-year demonstration project.

Objectives: Based on project goals, the following objectives for the Virginia project were developed:

(A) To establish a systematic plan for the dissemination, storage, and retrieval of meaningful research findings.

Essential to this objective was the organization and establishment of a Research Information Center (library) within the project confines for the collection, classification, storage, retrieval, and distribution of helpful research findings. To meet this objective, a Research Librarian was employed by the Agency and an area in the State Vocational Rehabilitation Office was obtained for shelving, card catalogs, reading tables, etc. The major portion

of the research material in the Information Center was to be paperbound research reports and journal articles which held implications for improving ongoing vocational rehabilitation practices within the state.

(B) To develop among Agency staff an awareness as to the availability of helpful research findings.

To accomplish this objective, a newsletter (*The Linker*) was designed and regularly distributed which literally advertised research materials available from the Research Information Center. Time and effort were involved in applying advertising trade techniques in the design of this newsletter. It was hoped that *The Linker* would stimulate requests for research findings which were selectively advertised. The newsletter actually served a two-fold purpose; (1) to advertise available research reports and (2) to keep the RUS and Research Librarian aware of what information seemed to be in greatest demand among agency practitioners and administrators. A periodic report was compiled by the Research Librarian listing names of the respondents, their office location, and guide number of each article that was featured in *The Linker*. This report was then used by the RUS in order to more effectively plan research utilization activities so they might "target" particular segments of the rehabilitation program.

(C) To develop interest among staff in new research findings.

In addition to *The Linker*, several "mini-mobile-info" units were also developed. These units consisted of an electric question box ("Photo-linker") with multiple-choice answers, literature displays, and poster panels which were designed to stimulate interest in new research findings available through the Research Information Center. These units were prominently displayed at selected conferences and appeared to be effective "attention-getters".

(D) To establish an atmosphere which would be conducive to the usage of meaningful research findings and knowledge within the Department.

In order to accomplish this objective, a Research Utilization Advisory Committee was organized during the first year of the project. This committee was composed of research and training center staff, key agency supervisory personnel, and staff from the School of Rehabilitation Counseling at Virginia Commonwealth University. The formalized Research Utilization Advisory Committee, however, was abandoned at the end of about 18 months. It was found that smaller ad hoc committees proved to be a more effective technique for involving more practitioners in the project itself. This was probably due to the multi-faceted nature of the rehabilitation program in Virginia.

In an attempt to further involve practitioners in the project, a second in-house publication entitled *The Forum* was developed. The mission of *The Forum* was to serve as a media for information exchange. Through this newsletter, practitioners could share with one another ideas for program improvement. This publication was finally discontinued, however, as few individuals ever contributed articles.

(E) To determine operational needs of the Department.

A series of special studies regarding Agency needs was initiated by the RUS and other Department staff in order to accomplish this objective. It was felt that if significant needs were identified, appropriate research findings could be marshaled which would help provide solutions. These studies contributed much toward establishing a high level of credibility for the RUS among operations staff. This resulted from the feeling that the RU project was not simply "another research grant", but that a sincere effort was being made to relate the project to operational needs. This proved to be an important factor in the project's success.

(F) To implement program improvements ("blue ribbon" projects) based upon meaningful research findings.

In order to accomplish this objective, the involvement and joint

collaboration of supervisory and administrative personnel in line positions was essential. In many instances, aiding in need identification ("need sensing"), retrieving relevant research findings, suggesting modification when necessary, and cooperatively planning with appropriate staff for implementing the innovation were all that were required to consummate a program change. In instances like this, the RUS's major role was simply that of a catalyst.

(G) To evaluate the effectiveness of selected techniques and methods of producing changes and introducing new innovations designed to improve vocational rehabilitation services.

In order to accomplish this objective, it was necessary for the RUS to maintain reasonably close contact with the practitioners who were directly involved in the change. In most instances, the amount of involvement by the RUS was directly proportional to the rate of change adoption. Frequent "checks" with program supervisors assured them that support and assistance in adopting an innovation was available. Experiences in the Virginia RUS project indicate that innovations and program changes are more quickly adopted when a local supervisor and his administrator are active partners in the change process rather than passive recipients.

CHAPTER III

ROLE AND FUNCTION OF THE VIRGINIA RUS

Basic RUS Activities: The basic activities of the Research Utilization Specialist in the Virginia agency consisted of:

(1) Working on a statewide level to promote the usage of meaningful research findings for program improvement by developing a climate conducive to the acceptance of new ideas.

(2) Working cooperatively with supervisors and administrators in solving significant vocational rehabilitation problems through helpful research findings.

(3) Evaluating and interpreting research findings for use in identifying new patterns for improved service delivery.

(4) Assisting in devising techniques and methodologies for putting into practice the information obtained from R & D projects which had been carried out by state rehabilitation agencies.

(5) Maintaining sufficient informal contact with counselors in order to determine an adequate picture of their needs as these needs related to serving vocational rehabilitation clients.

(6) Planning and providing for temporary systems (institutes and seminars) involving practitioners and designed to link research with practice. Some of the seminars not only included vocational rehabilitation staff but also individuals from private rehabilitation facilities and other community resources serving vocational rehabilitation client needs.

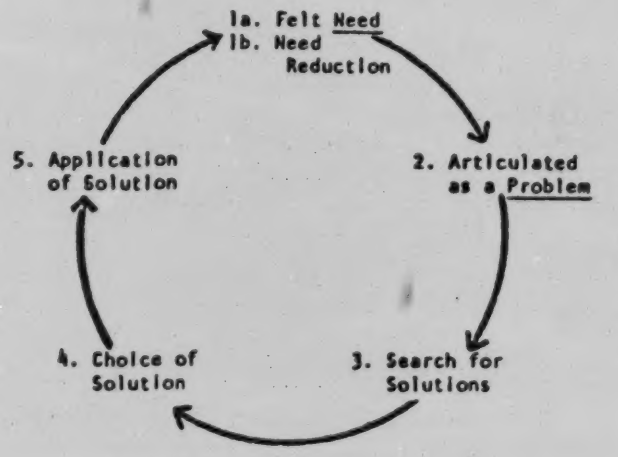
(7) Establishing and maintaining liaison between vocational rehabilitation research centers (RRRI and R & T) and the Virginia Department of Vocational Rehabilitation.

(8) Conducting special studies for the purpose of determining program needs which existed within the Department.

These activities were consistent with the role of the RUS which was outlined in the project proposal.

Dissemination-Utilization Models: The dissemination-utilization model found to be most effective in the Virginia project is described by Havelock as the "problem-solver" model.[2] This model is based upon the felt needs of the potential research utilization consumer(s) or consumer group(s). In some instances, the felt need may not be appropriately identified by the consumer(s). For this reason, the RUS may oftentimes be an effective helper in aiding the consumer(s) to properly recognize his (their) needs. This model is diagrammed below and was a useful tool in aiding the RUS to become established as a "helping person" at various practitioner levels.

The Need Reduction Cycle



(From Havelock, *Planning for Innovation Through Dissemination and Utilization of Knowledge*)[2]

The importance of becoming recognized as a helping person cannot be overemphasized. It may spell the difference between an effective research utilization system and a mediocre one.

Search, location, and choice of helpful research findings which suggest solutions does not guarantee that the findings will be utilized.

The consumer must be convinced that the material chosen is applicable to his need.

Havelock suggests another model which was used in the Virginia project. This model may be "caricatured by the statement that 'if the knowledge is there, a user will be found for it'." [3] In this model which Havelock identifies as the research-development-diffusion model, the prime motivator is not the consumer's need although this may be implied. This was the basic model used in the Virginia project for research dissemination through the media of newsletters (*The Linker*, *Linker Links*, etc.), but was found to be the most difficult model for retrieving feedback. Research findings often featured in *The Linker* or *Linker Links* were applied to practical situations but not reported to the RUS or the Research Librarian.

Stages of the Change Process: It is known that the "change process" is composed of several separate and identifiable stages which lead from knowledge to integration. [4, 5] In the Virginia RUS project, the RUS found it helpful to keep apprised of the stage each consumer group was entering after the introduction of an innovation. Often a small amount of support or encouragement from the RUS was necessary in order to move the consumer to the next stage. This we called "process helping". In the absence of process help, often a new innovation would "back-slide" or regress to a previous stage of the change process. The stages of the change process may be identified as: (1) awareness, (2) interest, (3) mental assessment, (4) trial, (5) evaluation, (6) adoption, and (7) stabilization. These stages may be illustrated by the act of purchasing an automobile. A prospective purchaser must first be aware that a given automobile model exists. This awareness may result from advertisement (TV, newspaper, etc.). A prospective buyer then must become interested in the car (looks, power, miles per gallon, etc.). He then experiences a stage we identify as mental assessment. This is the stage that involves the emergence of the rationale

to purchase. (Why do I want the car? Am I willing to sacrifice for it? etc.) Prospective automobile buyers then drive a new car to "try it out". This we identify as the trial stage.

In the fifth stage our prospective buyer evaluates all factors and compares his "try-out" with his mental assessment. He has the money. He appreciates the car's comfort. He makes a decision to buy. He does this by adopting or modifying the original sales proposition. He now closes the deal, takes the car home, and proceeds to explain the "best things about it" to his family. He now is stabilizing the change.

Relationships with Agency and Other Personnel: Establishing positive intradepartment (or interdivision) relationships was an essential element in fostering the usage of meaningful research findings in the Virginia RUS program. Due to the size and diversity of the Virginia Department of Vocational Rehabilitation, it was necessary for the RUS to work through agency supervisors and program specialists in order to effectively implement innovations or changes. To produce a measurable degree of impact within the agency, it was found helpful to enlist the services of other staff as change agents. In this role the RUS served as a catalyst while other staff became the primary change agents. Approximately 55 to 60 percent of the Virginia RUS's time was spent with supervisors and program specialists during the course of the demonstration project. Together, the RUS and these individuals planned and negotiated the application of research findings when appropriate needs had been determined.

About 30 percent of the RUS's time was spent in working with area, district, unit supervisors, and regional directors. The remaining 15 percent of the RUS's time was about evenly divided among the Commissioner's Office, counselors, and professionals in other State agencies or either with personnel from research centers such as the West Virginia University Vocational Rehabilitation Regional Research and Training Center.

CHAPTER IV

PROGRAM DEVELOPMENT AND PRACTICES

A Decade of Change: Since 1965, the Virginia Department of Vocational Rehabilitation has undergone many changes. For example: The counseling staff alone has increased from 39 to over 200 professionals in 1974. The Woodrow Wilson Rehabilitation Center is completing the final stage of a comprehensive building program which was begun in 1964. New service programs have been added. Rehabilitation service units have been established in secondary schools, correctional institutions, and mental hospitals. In 1964, the Agency received full departmental status in State government. These and other changes contributed to establishing an atmosphere within the Department which was conducive to introducing new service ideas. This is not to imply, however, that a system for channeling, integrating, and adopting new innovations was problemless in the Virginia Agency when the RUS project began in 1969. Just as in any organization, there existed individuals who were "advocates of change" and those who had difficulty in adapting to changes. The task of identifying these groups became an important first step for the RUS.

For the first two and one-half years a continuing effort was made by the RUS to seek out administrators and practitioners and interest them in recognizing the value of meaningful research findings in service delivery. Although some of this activity must always exist, it is noteworthy that much of it has ceased as administrators and practitioners alike more regularly seek the RUS's assistance in supplying helpful ideas generated through research findings. At this time a backlog of such requests exists.

Determining Agency and Practitioner Needs: As previously pointed out (Chapter III), the most effective dissemination-utilization model employed in the Virginia RUS project was the problem-solver model. In using this

model, several methods for determining and identifying needs were employed. The effectiveness of each depended upon the circumstances involved. Three principal "need-sensing" techniques were more often used by the RUS in the Virginia project: (1) Direct inquiry and suggestion, (2) Special studies and surveys, and (3) Requests for specific research materials resulting from newsletter publications. An example of an RUS "blue ribbon" project which resulted from identifying needs via each of these three methods is discussed below.

Direct Inquiry and Suggestion: One of the first projects undertaken by the RUS resulted from a suggestion from the Department's Commissioner regarding a problem which was resulting in the accumulation of client cases needing psychological tests before being declared eligible for vocational rehabilitation services. Many of these clients were high school pupils enrolled in public school special education classes for the mentally retarded. Conventional casework procedures had precedented that each client suspected of mental retardation be administered a series of psychological tests by a psychologist before acceptance for vocational rehabilitation services. Cost estimates ran from $65 to $80 per client for the customary "test battery" which was administered. A scarcity of psychologists to administer the necessary tests had resulted in undue delay in placing many clients in service as well as accelerated costs. Research conducted at the West Virginia University Regional Rehabilitation Research and Training Center had indicated that close correlation between scores on level "C" psychological tests (administered by psychologists) and level "B" psychological tests existed. With adequate training and preparation, level "B" tests can be effectively administered by vocational rehabilitation counselors.

As a result of this information, the RUS located other applicable data and presented it to "key" administrative personnel in a position paper. An

agency authorized "test kit" was developed for usage by the counseling staff and procedures were altered which allowed counselors to administer standardized level "B" psychological tests for the purpose of establishing vocational rehabilitation eligibility.

The implementation of this change was not as simple as might be implied. Although the Department head himself became an advocate of the change, approximately 18 months elapsed before a written procedural addendum was issued to counselors authorizing the change. Specific barriers that delayed this action are beyond the scope of this report.

Special Studies and Surveys: In order to more clearly determine agency and practitioner needs, the RUS conducted several studies and surveys in conjunction with operations staff.

These studies and surveys were designed to identify specific problems associated with caseload management practices. They were also useful in creating interest among key staff in applying new approaches to caseload management procedures based upon research findings.

A specific example in the Virginia project evolved from previous research conducted by the California DVR Agency.[6]

The California study was completed in 1971 and attempted to identify factors contributing to unsuccessful rehabilitation cases. The study focused on status 28 and status 26 cases in the California Agency. The California study was reviewed by the Virginia RUS and forwarded to the Agency's Operations Director. The Operations Director studied the report and became interested in a similar study for Virginia. He asked the RUS to help him plan and conduct a "status 28 study" in Virginia. Preliminary reviews of case records indicated that the Virginia Agency had comparatively few unsuccessful closures after services had been initiated. Operations staff, however, became aware of what was thought to be a rather

high rate of status 08 closures.

A class of graduate students in research methodology at Virginia Commonwealth University and their instructor volunteered to assist the Department in conducting a comprehensive study to determine what factors existed that contributed to the supposed problem. When the study was completed, the RUS was able to locate research information which assisted staff in devising new approaches to caseload supervision. This ultimately led to improved caseload management techniques. This study served to demonstrate to operational personnel the practical benefits that may be derived from research application.

Need-Sensing Through Information Requests: By recording requests for information and research studies featured in *The Linker* and *Linker Links*, the Virginia RUS was able to determine to some extent specific information and research needs which existed among practitioner groups. A form was developed during the course of the project for recording names, office location, and type of information request received as a result of the newsletters which were regularly distributed. Although the newsletters contained a variety of research findings, a determination of research areas which most frequently were requested by any particular group of practitioners could be made. This information could then be used by the RUS to plan his activities accordingly.

During the early development of the Agency's Public Assistance-Vocational Rehabilitation Welfare projects, a deliberate attempt to "load" *The Linker* with research findings regarding new techniques, methods, and practice relating to vocational rehabilitation services for disabled public assistance clients was launched. For a period of time, this publication advertised an increased number of research studies which had been conducted in conjunction with rehabilitation services to disabled welfare

recipients. A particular research study reported in *The Linker* dealt with a work attitude scale which had been developed by researchers working with the San Antonio PA/VR project. From the requests received, it was noticed that much interest existed in the scales from two PA/VR units in the state and one Special Education-Vocational Rehabilitation School Unit. Based upon these requests, the RUS made special arrangements to discuss the research with supervisors and staff of these three vocational rehabilitation service units. Contacts were made and plans were developed to "try-out" the usage of the Work Attitude Scales at these locations. All three of these units are now using the scales in an attempt to strengthen their service programs. This approach was used several times during the course of the project to help initiate the introduction of new practices based upon research findings. We are assuming here that interest in a particular research item indicates an existing need; of course, this is not always the case. The extent to which a change agent is able to determine his client's interests and relate these to program needs, however, could be a key in encouraging the usage of research findings.

Research-Development-Diffusion: Although the problem-solver model (page 10) presented by Havelock [2] appeared to be the most effective for developing interest in appropriate research findings, the importance and usefulness of Havelock's second dissemination-utilization model [3] cannot be overlooked. The research-development-diffusion model does not emphasize identifying practitioner needs as strongly as the problem-solver model, but demonstrated its effectiveness at the Woodrow Wilson Rehabilitation Center in developing practitioner awareness and interest in research generated at the Murdoch Center in Butner, North Carolina.

Research findings by Dr. John Burchard [7] of the University of North Carolina at Chapel Hill indicated that behavior modification techniques had been successfully used in conjunction with a special program sponsored by a

Federal grant awarded to Murdoch Center and the University of North Carolina.

The sum and substance of these findings were orally outlined to the Department's Deputy Commissioner by the RUS. The Deputy Commissioner then contacted administrative staff at the Woodrow Wilson Rehabilitation Center and suggested that they arrange a meeting with the RUS to discuss the North Carolina research in further detail. The RUS instructed the librarian to gather additional information relating to behavior modification from other sources. Copies of the Murdoch Center research were then forwarded to administrative staff at the Woodrow Wilson Rehabilitation Center for their review. It was also requested that the research findings in the Murdoch study be distributed to other key supervisory staff at the Center. A specific date was arranged for the RUS to meet with the staff at the Center for further discussion regarding the material. In addition, an appointment with staff of the Virginia Treatment Center was made so they could demonstrate the success they had experienced in behavior modification to the RUS and Center administrative staff. The Research and Training Center of West Virginia University was also involved, as a third party, to help familiarize Center supervisors with work they had done in the area of behavior modification application.

The attempt here was to increase the interest level at the Woodrow Wilson Rehabilitation Center in the findings so supervisory staff at WWRC could determine the timeliness of the material for their practical usage.

Many factors contribute to the probability of an innovation becoming accepted, adopted, and stabilized. Some include: (1) The characteristic of the innovation, (2) The organizational climate for change, (3) The characteristics of the individuals within the organization, and (4) The timeliness of the innovation. In this particular incident, staff at the Woodrow Wilson Rehabilitation Center were ready to initiate a trial run approximately three months after the Murdoch study had been introduced to

them. Considering the complexities involved and staff training commitments which were necessary, this time element was quite short. Within this time period, visits to the Woodrow Wilson Rehabilitation Center had been made by staff from the West Virginia University Research and Training Center on behalf of the innovation. A part-time consultant in behavioral psychology from a nearby college had been employed to help implement a "trial-run". The RUS had made about five visits to the Rehabilitation Center on behalf of the innovation and a systematic in-service training program for WWRC staff had been planned in order to help implement the innovation. In January 1971, the innovation became stabilized Centerwide.

At this time, it is safe to say that this innovation has had the greatest amount of "spin-off" of all research utilization "blue ribbon" projects sponsored by the Virginia RUS project.

Training teams from the Woodrow Wilson Rehabilitation Center have visited other State Agencies that have similar comprehensive centers (Georgia, Arkansas, and Maryland) to conduct training sessions in behavior modification techniques. Center behavior modification training teams have also sponsored training sessions for Veteran's Administration staff and personnel in both private and public workshops.

Introducing an Innovation: The nature of an innovation usually determines the appropriate level within a client-system for its introduction. Program innovations requiring Department procedural changes must be introduced initially at the top administrative levels as it is at these levels that decisions regarding policy procedures are made. On the other hand, to introduce research findings designed to improve individual counseling skills at the highest administrative levels would profit little as these must be implemented at the local supervisory and counselor levels.

In the case above (behavior modification), the innovation was initially introduced to Center staff through Center administrative staff. Their

support, planning, and involvement were imperative if the new innovation were to become stabilized. The introduction of this innovation at any point above or below this level would have been fruitless as the decision to implement the necessary changes rested with WWRC administrative personnel.

During the course of the Virginia project, innovations introduced at the practitioner level involved the usage of small task groups or ad hoc committees. These committees were composed of staff who had primary responsibility for line operations. The use of such committees served the dual purpose of "laundering" applicable research findings and serving as a support base for the RUS by becoming advocates of the change. It was felt that when practitioners become advocates of the change themselves, the chances of the change being successful are increased.

The Technique of Language: Meaningful research findings presented in an abstracted form and using simplified terminology are more often read by practitioners and administrators than are formalized lengthy research reports. The technical jargon commonly used in research reports had little meaning for a majority of vocational rehabilitation practitioners in the Virginia program and tended to retard utilization of findings. Synopsis of lengthy reports which were highlighted in *Research Briefs* (DRU, SRS), *Rehabilitation Tomorrow* (RT-15, West Virginia University), and *Linker Links* (RUS, Virginia DVR) consistently had greater reader response than the more formal research report itself. Communication is a two-way street; if the researcher expects the practitioner to articulate his problem meaningfully, then the researcher must articulate his findings in a meaningful fashion for practitioners.

Because of the apparent communication gap existing between the researcher and the practitioner, many practitioners tend to shun research and label it as something less than reality. This presented barriers at the on-set of the Virginia RUS project. Often the RUS would have to explain that the RU mission

was not to do basic research, but to assimulate, synthetize, and help implement research findings which offered assistance in solving practical day-to-day vocational rehabilitation problems. It is interesting to note at this point that during the second year of the project, a high administrative official in the Department made the observation, "You (the RUS) should not be called a Research Utilization person. You should be called an Information Utilization man."

CHAPTER V

INFORMATION DISSEMINATION AND RETRIEVAL

The Role of the Research Information Center: Research findings promoted by the Research Utilization Specialist were collected, stored, advertised, and distributed primarily through the Research Information Center. During the course of the Virginia RUS project, the Research Information Center (library) served as the "right arm" of the project.

Stimulation of Awareness and Interest: Part of the research utilization project strategy was the creation of awareness and interest in appropriate research findings. A major function of the Research Information Center (library) was to stimulate awareness and interest in research findings as well as the maintenance of material from which new ideas for program improvement may be generated. In fulfilling this mission, the research library kept the rehabilitation staff aware of information resources in several ways. The librarian prepared a listing of new acquisitions each month in a bulletin entitled *New Books*. This was in addition to two other publications previously described, *The Linker* and *Linker Links*. Items, which were featured in the publications and were appealing to a reader, were requested from the library by simply circling an appropriate identification number on a perforated section at the end of each publication and returning it to the library.

Linker Links was designed to be kept in lieu of the original report. This publication generally highlighted the significant findings of a selected research report in one or two pages. Printing and mailing of these publications were handled by rehabilitation workshops.

The mailing list included staff of the Virginia Department of Vocational Rehabilitation, supervisory staff of local and state public welfare agencies, directors of rehabilitation facilities in Virginia, research and training centers, regional rehabilitation research institutes, research utilization

specialists, librarians, and other interested individuals. An average of 60 requests a month was generated from these publications alone.

Displays and exhibits at conferences, workshops, and training sessions attracted potential users of research information and provided on-the-spot reviews. Generally, the display consisted of research reports geared to the workshop theme. A four-paneled fold-up bulletin board was used to describe new services and where a more complete summary of information could be found. A revolving centerpiece and an electrical device called the "Photolinker" were used to attract attention. The "Photolinker" was an electrically-wired question box three-feet tall on which was placed ten questions with multiple-choice answers. After reading a particular question, individuals would push button A, B, or C to indicate their answers. If the right answer had been chosen, a correct response light would appear. A selector knob was then turned to the next question and the process repeated. The "Photolinker" proved useful before and after meetings to test one's knowledge of the subject being discussed and stimulate interest in a given research topic.

Research briefings were conducted by the librarian for State Office staff. Using various audiovisual aids, the librarian described the significant points of a chosen research report in a 20 to 30-minute oral presentation. Afterwards staff members discussed the implications. When available, the librarian successfully used the audiovisual research briefs prepared by the Division of Research Utilization, Social and Rehabilitation Service, Department of Health, Education, and Welfare.

Knowledge of the contents and services of the library was acquired through visits to the library. New staff members toured the library during their first day of orientation at the State Office. At that time they were briefed on the policies and procedures for obtaining services from the library. When requested, the librarian would visit local area staff meetings to explain what was new in the library and to elaborate on the rehabilitation

information system. Occasionally an "open house" program was held with hourly tours of the library to acquaint professionals in the helping fields with the library services. At the open house programs, refreshments would be served.

Other ways of creating awareness and interest in the Research Information Center were used. Whenever the librarian became aware of a new project or new program of client services in the agency, a package of appropriate abstracts was prepared for the project director. This gave the project director an overall view of findings obtained from similar projects. It also broadened the director's perspective of his project's dimensions.

Each item checked out of the library had attached to it an evaluation slip. This slip enabled the reader to express his feeling regarding the value of the material for his needs. It also allowed the user to participate in helping decide which library material was most meaningful for his need.

Selective Dissemination: The librarian assisted the RUS in determining which staff members were most interested in specific research topics. This was done by scanning materials checked out monthly. Records were kept by subject areas and names of individuals who had expressed an interest in particular research topics were listed. This helped the RUS relate his activities to specified interest levels of consumers. Once interests and needs were determined, the RUS could offer more effective assistance.

Maintaining Current Research: An important function of the library was to stay abreast of the many changes in rehabilitation practice. This required a constant review of journals, bibliographies, abstracts, and various research findings as well as input from staff. A mailing list was maintained which included professional associations, university sponsored research and training centers, regional rehabilitation research institutes, state and national government agencies, information clearinghouses, and

selected book publishers.

Selective notification of information from various sources was an asset to staying current. Subscriptions to *Government Reports Topical Announcements* and *Weekly Government Abstracts* kept the librarian advised of current governmental and government-sponsored publications. The National Technical Information Service publishes these periodicals. The Law Enforcement Assistance Administration, U.S. Department of Justice, has a National Criminal Justice Reference Service; this also proved helpful. Interested professionals submitted subject preferences which made up a personal profile for selective notification of information in abstract form.

The services of the research library do not stop with the limits of the local collection. Oftentimes the librarian used the resources of nearby libraries and information centers for materials not available in the local collection. The librarian became familiar with the specialized competence of local and state libraries through active participation in the Richmond Area Libraries Club, Virginia Library Association, and Special Libraries Association. This participation helped enhance the services of the research library.

Retrieval of Research: Other than newsletter responses, requests for research reports were periodically received from practitioners by letters, phone calls, and personal visits. Retrieval of information was relatively simple provided the material was in the library at the time the request was received. When specific material requested was out of the library, the patron was informed that his request had been placed in a "hold" status and a period of delay was to be expected.

Often requests would require interpretation and determination of appropriate "search" terms to be used in retrieval. For example, a request for information on finding jobs for clients would be sought under the "search" terms, "placement" and "handicapped". It was not uncommon to receive "global"

requests such as, "Send me all you've got on mental retardation." In such instances, a further inquiry into the dimensions of the patron's request would be necessary. (This request was far too broad when the library's holdings on that topic number approximately 200 items).

Requests in person or via phone enabled discussion for clarification of needs. These requests were recorded on a special form and the action taken was indicated. (See Figure 6, Appendix A).

Often a patron would fail to indicate which specific materials he desired on a given topic. When this occurred, we selected a combination of abstracts, final reports, and journal articles and forwarded these to the patron. Efforts were made to encourage all patrons to indicate preferences.

Organization of Research Information: The dissemination and retrieval of information is dependent on an effective system of organization.

Classification System: A special classification system was developed based on the format of the Dewey Decimal System for Vocational Rehabilitation literature by Doreen Portal in 1961. All vocational rehabilitation topics were assigned a three-digit classification number within ten major categories. This three-digit number, with only slight modification, was adopted for use by the Virginia research library. (See Figure 3b, Appendix A).

All research reports are assigned a three-digit number indicating subject matter. This is followed by a decimal and additional numbers indicating sequential position within that category.

Small monographs on a given topic have the basic three-digit number with a "Z" prefix.

Articles on a given topic have an "A" prefix and are compiled in press-binders. Newsletters dealing with a given topic are placed in pressbinders and are prefixed with "NA".

Journals are organized according to titles first and dates second.

Abstracts, briefs, and indexes are part of the reference holdings.

Microfiche are placed in order according to the microfiche identification number and letters assigned by the publisher. Most materials from the National Technical Information Service are prefixed with "PB"; while items from the Educational Resources Information Clearinghouse are often prefixed with "ED".

Guidelines: During the RUS grant period, the librarian developed *Guidelines for Establishing Libraries in Area or Local Vocational Rehabilitation Offices* (Appendix B) and *Guidelines for Regional Research Information Centers* (Appendix C). Another paper, *Guidelines for the Establishment of a Rehabilitation Agency Information Center*, was also written (Appendix A).

Included in Appendix D is a suggested listing of supplies and equipment needed for a vocational rehabilitation agency library.

CHAPTER VI

PROGRAM IMPACT SUMMARY

Evidence indicates that the Research Utilization Project of the Virginia Department of Vocational Rehabilitation has had significant impact upon specific programs within the Agency. One of the first projects to be initiated and sponsored by the RUS project resulted in restructuring and developing communication links between the Department and privately operated workshops for the handicapped throughout the state. This served to increase counselor utilization of these resources and aided in program development within the several facilities.

During the first two years of the RUS project, a series of institutes was planned and conducted to launch an all-out effort to improve service delivery programs within these facilities. A second objective of these institutes was to encourage a more effective counselor utilization of these resources. Some of the results of this undertaking are outlined in Appendix E, Exhibits 1 and 2. It should be emphasized that this project, like all major projects undertaken by the RUS, was a joint venture. It is a strong contention of this report that the success of an innovation within a "client-system" is effected by the amount of practitioner involvement in the planning stage. Examples of other projects which had measurable impact upon agency programs are outlined below:

Community Resource Institutes: These institutes were held for two Public Assistance-Vocational Rehabilitation projects in the state (Danville and Roanoke). Together they were attended by approximately 60 persons (30 from each community). The institutes were attended by potential employers, community influentials, community planners, and local and state agency personnel.

The purposes of each of these institutes were sevenfold:

(1) To share information;

(2) To exchange ideas about economic dependency;

(3) To encourage increased communication among business, industry, and human service agencies;

(4) To foster the practice of coordination and cooperation between public and private sectors of the community;

(5) To stimulate the development of comprehensive rehabilitation services;

(6) To maximize the production potential of the disabled welfare client;

(7) To enhance client productive opportunities in each of the communities.

The concept of the Community Resource Institute was obtained from research conducted at the University of Arizona. Publications regarding the Arizona Community Resource Institute project are available from that institution. [8]

According to the PA/VR project supervisors, each of these institutes has had a very positive effect on project staff and community. Additional resources have been offered to assist project personnel and new client job placements have been made available that were previously denied clients served by the projects. In his final project report, one of the PA/VR supervisors remarked:

> From this conference, we felt that we were able to communicate and convey the plight of the welfare recipient to business and industry and to other agencies in the area, and to gain more interest on their part in assisting us to make them self-supporting citizens of our community. After this conference, we were better able to place our clients in jobs at the largest factory in our community as well as other industries in the area.
>
> Also, after the conference the Danville Virginia Employment Commission agreed to publish monthly a booklet entitled *Prospectus* which included a listing of clients from our project as well as several other agencies who were ready for employment. [9] This booklet was mailed to some 170 employers in the area.

Welfare Difficulty Index: This index was developed from research done at the University of Missouri and supplemented by a special survey study of welfare cases in the Virginia DVR program. It has proved helpful to counselors in the

Richmond Welfare project. However, the rate of predictability of success for welfare cases in both the Danville and Roanoke PA/VR projects does not seem to be as high. This may be partly attributed to the closely coordinated team efforts conducted in the Roanoke and Danville projects which tended to increase the success rate of clients.

Success Motivation Institute Program: Materials and techniques developed by a commercial firm and designed to develop client motivation were tried with counselors in the Portsmouth PA/VR project during the second year of the RUS project. The materials and techniques had been found successful in correctional units in Tennessee, Mississippi, and Georgia. After reviewing the SMI program, the Norfolk Regional Director and the RUS decided to set up a field test to determine the timeliness of the SMI program in a PA/VR unit. Staff opinion was fairly evenly divided as to the value of the material. It was recommended that the material might be helpful in working with clients, but PA/VR staff did not suggest that the material be used for further counselor training without modification.

Behavior Modification Training: At the request of the Woodrow Wilson Rehabilitation Center Director and his assistant, the RUS agreed to work with the Center in sponsoring a series of awareness and training sessions for workshop personnel in behavior modification. The Center Director reported that many requests for this training had been received by the Center and he was willing to initiate such training provided the RUS project could co-sponsor the venture. As a result of the training, three private workshops have now implemented behavior modification techniques in their programs.

Awareness Program for the Deaf and Hard-of-Hearing: During the past year the RUS worked closely with the Department's supervisor for the deaf and hard-of-hearing in helping this supervisor sponsor several deaf awareness publications for distribution to staff and other interested people.

This year the RUS project will make available additional material for distribution at a statewide deaf awareness program co-sponsored by the Virginia Council for the Deaf and Hard-of-Hearing.

In addition to the deaf awareness program, the RUS and supervisor for the deaf and hard-of-hearing program have been working with staff from New York University Research and Training Center for the Deaf in planning orientation programs for counselors in the Department to further acquaint them with the problems of clients with severe hearing defects.

This attempt is one of several planned to make more effective usage of the several Rehabilitation Research and Training Centers as a research resource.

Application of Special Studies: Using information made available from the status 08 study referred to earlier, the Roanoke PA/VR project was assisted by the RUS in raising its rate of successful closures and lowering its 08 closure rate by 20 percent. In recent months, the Roanoke PA/VR project has reduced its 08 closure rate even more. This has resulted in a higher rate of successful rehabilitations.

Library Activities: During the course of the Virginia RUS project, the library has functioned as an arsenal of ideas for improving Agency program development. In addition to supplying information for ongoing programs, collecting background material for developing grant applications has been an important activity.

Significant contributions of the library and librarian include:

1. Development of a catalog of RSA funded projects in Virginia;
2. Assistance to local offices in organizing research and reference materials for easy access in time of need;
3. Development of selected bibliographies of resources on given topics, e.g. alcohol, drugs, deaf, etc.;

4. Provided community profile material for community resources institutes at Danville and Roanoke;
5. Presentation of "research briefings" on timely vocational rehabilitation topics;
6. Selective dissemination of packets of relevant abstracts which were sent to directors or supervisors of new programs or to practitioners interested in improving present programs by the application of helpful research findings.

Ten microfiche projectors have been purchased to be used with microfiche research printouts obtained via the Division of Research Utilization, SRS. These ten machines are located in selected area offices in the State to enable a more complete usage of microfiche research printouts.

A more complete discussion of other library activities which have had impact on the State vocational rehabilitation program is discussed in Chapter V.

Research Briefings: As an outgrowth of a program for planned research awareness conducted by the research utilization staff of the Department, regularly scheduled research briefings were conducted periodically for state office staff in the Department's Board Room. These briefings usually lasted from 30-45 minutes which included a period for questions and discussion.

Industrial Patterns: The RUS has contacted the Governor's Commission for Industrial Development to determine what industrial patterns would be emerging in the state within the next few years. It was felt that the research and material the Industrial Development Commission had available could serve to more clearly define employment and placement opportunities for the disabled in Virginia. This information has been made available to appropriate staff at the Woodrow Wilson Rehabilitation Center in order to help them develop training areas based upon industrial needs. It has also been made available to Agency staff responsible for placement in order to

help them obtain a clearer picture of placement opportunities for clients. A copy of a letter forwarded to one of the Operations Directors by a Regional Director is displayed in Appendix E, Exhibit 3.

Impact Upon Other Agencies: In addition to the impact the RUS project has had upon the several private and public workshops and facilities within the State which are used as evaluation and training resources by DVR counselors, the Virginia Department of Welfare and Institutions has been a consumer of research findings periodically advertised in project newsletters. Recently representatives of the Department of Welfare and Institutions requested the RUS and Research Information Librarian to conduct a half-day seminar on techniques, methods, and procedures used in the DVR Research Utilization project.

Trust Fund Project: In cooperation with the Department's Trust Fund Supervisor, the RUS project has assisted in helping identify program service needs designed to improve services to clients referred to vocational rehabilitation through the Disability Determination Division. It is felt that once these needs have been adequately determined, appropriate research findings may be applied which will strengthen service output.

Data have been gathered concerning previous social security cases referred to vocational rehabilitation in all statuses. Some program needs have been identified and further analysis is planned. Research specialists from the University of West Virginia Research and Training Center have agreed to assist in the further evaluation of year-end data. An ad hoc committee of trust fund counselors and selected supervisors met with the RUS and Trust Fund Supervisor to help identify program needs. As a result, the Trust Fund Supervisor was able to recommend significant program modifications. Training seminars have been planned and are being conducted for both professional and clerical staff.

Research Utilization Project Evaluation (Glaser & Associates): Findings

obtained by the Los Angeles firm of Edward Glaser & Associates have indicated that the impact of the Virginia RUS project has been greater than the RUS has been able to ascertain. Impact measurements revealed by two week-long evaluations are reported in Appendix E, Exhibits 4 and 5 of this report.

The firm of Edward Glaser & Associates received a contract from Social and Rehabilitation Services, Department of Health, Education, and Welfare, to assess, among other factors, the impact each RUS project in the nine project states has had on its state agency. Methodologies used by the Glaser firm not only included on-site visits to the several project states, but also anonymous questionnaires sent to administrators and practitioners in the project states. Administrators and practitioners forwarded the completed questionnaires directly to Glaser & Associates in Los Angeles.

These questionnaires were followed-up with a series of personal interviews by a Glaser field worker in the absence of the RUS. From data gathered and assessed via computer at the University of California at Los Angeles, a measure of program impact was determined. A complete report through the first two years of the national project for all the nine RUS project states is available from the Division of Research Utilization, Social and Rehabilitation Services, Department of Health, Education, and Welfare in Washington, D.C.

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APPENDIX A

GUIDELINES FOR THE ESTABLISHMENT OF A REHABILITATION AGENCY INFORMATION CENTER

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Figure 2a Portal's Rehabilitation Classification System - Descriptions

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Figure 6 Information Request Forms

Figure 7 Book Card, Borrower Information Card, Date Due Slips, Reserve Status Form

Figure 8 Journal Routing Card and Personnel Interest Card

Figure 9 Personnel Interest Worksheet

Figure 10 Annual Report Form

GUIDELINES FOR THE ESTABLISHMENT OF A REHABILITATION AGENCY INFORMATION CENTER

Keeping up with change in the world of rehabilitation is no easy task for staff in the vocational rehabilitation agency for the field has fallen prey to the information explosion. Not only have the number of technical and non-technical reports multiplied three-fold but areas of emphasis and types of staff positions have changed also. The establishment of an information center in a rehabilitation agency may facilitate the ability of staff members to stay up-to-date. It is for this reason that we offer guidelines to assist in the organization and development of the optimum information system possible for the agency.

There are several necessary components to any information system or center: (1) Staff, (2) Staff Development Program, (3) Written Program Plan, (4) Space and Layout, and (5) Equipment and materials.

STAFF

Librarian

1. Role and Functions
   a. Organize and manage the information center
   b. Collect and store relevant materials
   c. Classify and catalog items for optimum accessibility
   d. Publicize and circulate materials
   e. Interpret and translate requests into searchable terms for retrieval
   f. Establish interlibrary relationships for borrowing and loaning
   g. Make appropriate referrals when requests are beyond the scope of the information center

2. Qualifications

   a. College degree helpful, Masters Degree in Library Science desirable but not necessary

   b. Some work experience desirable

   c. Intelligence seasoned with good common sense

   d. Organizational skills, interest, and initiative

Secretary and/or Clerk-Typist:

1. Duties and Functions

   a. Typing of index cards, book cards, interlibrary loans, orders, requests for materials, overdue notices, general correspondence, etc.

   b. Filing and shelving of materials, correspondence, cards, etc.

   c. Other (includes attaching book pockets, date slips, etc.)

2. Qualifications

   As required by the agency in which the information center is established

Other Staff:

If a large information center is anticipated and funds are available, duties of the research librarian would be broken down into (1) head librarian, (2) reference librarian, (3) cataloguer, (4) acquisitions clerk, (5) additional clerical help.

STAFF DEVELOPMENT PROGRAM

An in-service training program should be available to all staff for continued growth and development in their area of expertise.

Methods of In-Service Training:

1. College and university classes in library science, management, vocational rehabilitation, etc.

2. Seminars, workshops, institutes, and conferences focused on the above as well as microforms, audiovisuals, etc.

3. Directed readings and/or programmed instruction

4. Visits to other information centers
5. Membership in related associations
6. Other

Additional Content to Cover:

1. Use of jobbers
2. Use of Library of Congress printed cards
3. Interlibrary loan policies and procedures
4. Public relations
5. Information Clearinghouses: Location and Use
6. Effective communications
7. Management techniques and principles
8. Rehabilitation process:an overview
9. Microforms and equipment
10. Audiovisual aids: Storage and Retrieval
11. Other (includes book binding, publishers, etc)

WRITTEN PROGRAM PLAN

The written program plan is a means of guiding the development and maintenance of the information center. It should set forth the purpose or goal of the center, its objectives, and its activities. In order to write the program plan, decisions must be made as to which classification system to use, policies and procedures for loaning and circulating materials, what records to keep, etc. The written program plan should be considered a working document.

Purpose or Goal:

1. Questions to ask
   a. Do we really want an information system and why?
   b. If so, what is holding up its development?

c. What kind of data would we want in the system, and why would we want to get it out?

Neil S. Dumas offers some further food for thought in his article, "On the Development of a Rehabilitation Information System: Some Practical Considerations," Journal of Rehabilitation, March-April, 1969, pp 22-24.

2. Example of goal or long range result

To provide timely and relevant rehabilitation-related information to vocational rehabilitation staff for improved programming and planning.

Objectives:

1. Questions to ask
   a. How can we best reach our stated goal?
   b. What guideposts can we set along the way?
   c. What short-range results will help us reach our goal?
2. Examples of objectives
   a. To develop a system for ascertaining staff needs
   b. To obtain relevant materials
   c. To organize materials for optimum accessibility
   d. To develop a system for timely dissemination of information

Classification System:

There are several classification systems available for use, each having both advantages and disadvantages. The written program plan should include a description of the system selected.

1. Library of Congress Classification System

This classification system was initially designed for a select clientele, namely Congressmen. However, the universality of its subject matter, its

flexibility, expansion capabilities, and card availability made it appealing to larger libraries, eg. University libraries.

Two major disadvantages to this system are (1) in some classification areas it does not offer enough detail, e.g. While using the majority of the Library of Congress classification schedules, the National Library of Medicine substitutes its own system for schedule "R" (Medicine); and (2) materials varying slightly in emphasis from a subject will not be found with that subject matter (thus, users must use the card catalog).

See figure 1 for an example of its classification schedule in comparison with the Dewey Decimal Classification System.

2. Dewey Decimal Classification System

This system is characterized by a broad subject arrangement and has the advantage of allowing the user to go directly to the shelves for materials related to a given subject. However, it is a confined system, has little, if any,room for expansion and must be revised frequently to allow new subject areas.

This system is found most frequently in school and public libraries.

See figure 1 for an example of this classification schedule in comparison with the Library of Congress Classification System.

3. Rehabilitation Classification System by Doreen Portal

In 1961 Doreen Portal developed a system for cataloging rehabilitation literature which uses broad subject areas based on rehabilitation-related topics. Details have been published in A Guide for Cataloging Rehabilitation Literature, by Doreen Portal, 1961, State Department of Education, Division of Vocational Rehabilitation, Salem 10, Oregon.

The advantages of this system are that it is specific to rehabilitation subject matter, does have room for expansion in most areas, has been used

Figure 1

	(LC) - LIBRARY OF CONGRESS CLASSIFICATION	(DDC)- DEWEY DECIMAL CLASSIFICATION
Class #	Z 2011	016.82
Author #	.A4	A468
Publication date showing later edition	1967	1967

The LC system designates main classes by single capital letters, subclasses by two capital letters (except in classes E-F and Z). Divisions and subdivisions are indicated by integral numbers in ordinary sequence 1-9999 which may be extended decimally, eg. Z2011 = General Bibliography of English Literature as does the DDC class number of 016.82.

Additional numbers used in an LC call number include one or two cutter or author numbers. A cutter number consists of the initial letter followed by arabic numerals e.g. A4 is the author number in LC while A468 is the same author according to DDC. Occasionally the cutter number is used for further subdivisions of the class number, e.g. often used for arrangement of countries, regions, cities, topics alphabetically such as PN 6071.A9J3. For further descriptions of LC and DDC see as follows:

Main Classes - LIBRARY OF CONGRESS

A - General Works
B - Philosophy and Religion
C - Aux. Sciences of History
D - History & Topography (not America)
E-F America
G - Geography and Anthropology
H - Social Sciences
J - Political Science
K - Law
L - Education
M - Music
N - Fine Arts
P - Language and Literature
Q - Science
R - Medicine
S - Agriculture
T - Technology
U-V - Military and Naval Science
Z - Bibliography and Library Science

Hierarchical System - DEWEY DECIMAL

Hierarchical or graduated system which uses decimal principal for subdivisions, eg.

600 Technology (Significant notation "6")
620 Engineering (Significant notation "2")
621 Applied Physics
621.3 Electrical, electronic engineering
621.38 Electronic and communication engineering
621.388 Television
621.3888 Manufacturing and Servicing of Sets

fairly successfully with modifications by several agency libraries, and is available in manual form.

See figure 2b for highlights of this classification system.

4. Modifications to the Rehabilitation Classification System by Doreen Portal

a. One approach to the above system is to use the three digit classification number and then file by author's last name.

b. Another approach is to use the classification number with its three digits, add a decimal on the right, then add sequence number. Thus your number is all on one line. Use letter prefixes to distinguish between type or size of publication. See figure 3b for example, and classification areas.

Retrieval Systems:

Book catalogs and card catalogs have both been used in libraries and information centers for retrieving desired materials from the shelves and files. Larger libraries often use both while smaller libraries use one or two types of card catalogs. Some types from which you may select are as follows:

1. Author, Title, and Subject Cards (See examples in figure 4)

Information centers using card catalogs generally will have all three types of cards. All three types include complete bibliographical data. These differ only in placement of the author, title, or subject on the card.

The Library of Congress, Card Division, Navy Yard Annex Building #159, Washington, D.C. 20541, can supply as many cards on one book as you may need as long as it has been catalogued in their library. These include bibliographical data, cross references, Library of Congress and Dewey Decimal Classification numbers, and space for inserting call numbers, and major headings.

Figure 2a

PORTAL'S REHABILITATION CLASSIFICATION

Nine Major Subject Areas

100 Rehabilitation
200 Disabled and Handicapped Groups
300 Impairments
400 Rehabilitation - Cooperation and Integration
500 Rehabilitation - Financing
600 Social Problems
700 Government
750 Administration
900 Reference works not related to above

Subject Breakdowns

Subject breakdowns use the second and third digits:

100 Rehabilitation
180 Vocational Rehabilitation
182 Vocational Evaluation
(See figure 2b for complete breakdown)

Type of Publication Designations

.01 Publication is an annual or biennial report
.02 It deals with policy and procedure aspects
.03 Report of a conference, workshop, institute, etc.
.04 Periodical
.05 statistical study primarily
.06 Legislative aspects of the subject
.07 Bibliography on the subject
.08 Deals with Staff Development in the area covered by the main subject

Other Subject Modifications

.1 Deals with two or more approaches to rehabilitation
.11 Deals chiefly with medical rehab
.12 Deals chiefly with Psychological rehabilitation
.13 Deals chiefly with social rehab.
.14 Deals chiefly with vocational rehabilitation

Note: if type of publication is used, don't use these numbers, and vice versa. Use these other modifications with "200" and "300" series.

Examples of the use of these numbers:

1. An annual report issued by a vocational rehabilitation agency is classified as 180.01. A statistical study would be classified as 180.05.

2. A publication dealing with the vocational rehabilitation of a disabled veteran is classified as 220.14. A publication dealing with the medical rehabilitation of a person suffering from poliomyelitis is classified as 376.11.

Call Numbers:

To indicate that a particular book is the first or second or third, etc. on a given topic a number is added below the classification number. This number on the second line is called the accession number. Combine the classification number and accession number and you have the call number, e. g.

376.11	376.11	376.11.
1	2	3

*Doreen Portal, "A Guide for Cataloging Rehabilitation Literature", State Department of Education, Division of Vocational Rehabilitation, Salem 10, Oregon, 1961.

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CLASSIFICATION SYSTEM

100	Rehabilitation	Assign 100 to publications dealing with rehabilitation in general (i.e., with two or more of the four approaches to rehabilitation: medical, psychological, social, vocational). Classify publications dealing with rehabilitation of specific groups of the disabled and handicapped in the numbers 210 through 270. Classify publications dealing with the rehabilitation of those disabled and handicapped by specific impairments in the numbers 304 through 396.
140	Medical rehabilitation	Assign 140 to publications dealing with medical rehabilitation in general. Assign it also to medical reference books and to medical periodicals even though they do not deal directly with the rehabilitation aspects. Assign 142 through 156 to the various subdivisions of medical rehabilitation as indicated.
142	Physical and medical evaluation	
143	Medical consultation	
144	Psychiatric screening and treatment	
146	Physical restoration	Among materials classified in 146 are those dealing with fee schedules, hospital rates, etc.
147	Physical therapy	
148	Occupational therapy	
149	Manual arts therapy	
150	Recreational therapy	
154	Nursing	
156	Prostheses and prosthetics	
160	Psychological rehabilitation	Assign 160 to publications dealing with psychological rehabilitation in general. Assign it also to books and periodicals dealing with psychology in general even though they do not deal directly with the rehabilitation aspects. Assign 162 through 166 to the various subdivisions of psychological rehabilitation as indicated.
162	Psychological evaluation	
163	Psychological testing	
164	Personal adjustment counseling	
166	Group therapy	
170	Social rehabilitation	Assign 170 to publications dealing with social rehabilitation in general. Assign 172 through 178 to the various subdivisions of social rehabilitation as indicated.
172	Social evaluation	
174	Social casework	
176	Social group work	
178	Recreation (i.e., non-medical)	

Figure 2b

180	**Vocational rehabilitation**	Assign 180 to publications dealing with vocational rehabilitation in general, for both the disabled and non-disabled. Assign 182 through 197 to the various subdivisions of vocational rehabilitation as indicated.
182	Vocational evaluation and diagnosis	
184	Vocational counseling and guidance	
186	Occupational information	Assign 186 to any publications dealing with specific occupations not just to those dealing with occupations for the disabled and handicapped.
187	Occupational equipment	
188	Transportation and maintenance	
190	Prevocational training	Among materials classified in 190 are general college catalogs.
191	Independent living and self-care	
192	Vocational training	Among materials classified in 192 are college catalogs issued by the professional schools or departments of the colleges such as law, architecture, etc.; also catalogs and descriptive materials issued by vocational schools such as schools of dress design, etc.
193	Personal adjustment training	
194	Employment of disabled and handicapped	Assign 194 to publications dealing with general aspects of employment of the disabled and handicapped—attitude of employers, conditions of employment, etc. For specific possibilities for employment see 186.
195	Workshops	Assign 195 to any kind of sheltered employment as well as to workshops in general.
196	Employment and labor	Assign 196 to publications dealing with general discussions of employment and labor not keyed to the disabled and handicapped.
197	Placement and follow-up	
200	**Disabled and handicapped**	Assign 200 to publications dealing with the disabled and handicapped in general. The rehabilitation of the disabled and handicapped is classified in 100. Included in 200 are publications on characteristics of the disabled and handicapped, statistical studies, etc. Assign 210 through 270 to discussions of specific groups of the disabled and handicapped and where necessary use the rehabilitation numbers to indicate rehabilitation of these groups. Publications assigned to 210 through 270 may deal only with the disability or handicap or may feature also the rehabilitation aspects. If the publication deals only with the disability or handicap, classify it in the main three-digit number. If the publication includes also discussions of the various rehabilitation aspects, add a decimal point and the number 1. (e.g., 210.1) If the publication deals with only one approach to the rehabilitation of the disabled and handicapped group, use the following notations: .11 for medical rehabilitation; .12 for psychological rehabilitation; .13 for social rehabilitation; and .14 for vocational rehabilitation. NOTE: Although the distinction between "disabled" and "handicapped" as defined by Maya Riviere is understood, no attempt is made to separate the two in this classification system.
210	Disabled women	
215	Disabled children	
220	Disabled veterans	
230	Disabled industrial workers	
240	Homebound	
250	Chronically ill or disabled	
260	Disabled rural inhabitants	
270	Disabled aged and aging	
300	**Impairments**	Assign 300 to publications dealing with impairments in general. Assign 304 through 396 to discussions of specific impairments as indicated. Publications classified in 304 through 396 may deal with only the impairment and/or its prevention; with those disabled and handicapped by the impairment and/or their rehabilitation. If the publication deals only with the impairment and/or those disabled and handicapped by it, classify it in the main three-digit number. If the publication includes discussions of the various approaches to rehabilitation, add a decimal point and the number 1 (e.g., 364.1). If the publication deals with only one approach to the rehabilitation of those disabled and handicapped by the specific impairment, use the following notations: .11 for medical rehabilitation; .12 for psychological rehabilitation; .13 for social rehabilitation; and .14 for vocational rehabilitation.
304	Alcoholism	
308	Amputations	
312	Arthritis	
314	Back defects	
316	Cancer	
320	Cerebral palsy	
322	Cerebral vascular accident and disease	
324	Congenital defects	
328	Deaf-blind	
332	Diabetes	
336	Disfigurements	
340	Epilepsy	
344	Hearing defects	
348	Heart defects	
356	Mental deficiency or retardation	
357	Mental illness and emotional problems	Publications dealing with mental health are also classified in 357.
364	Multiple sclerosis	
368	Muscular dystrophy	
372	Spinal cord defects	
376	Poliomyelitis	
380	Speech defects	
384	Tuberculosis	
385	Other pulmonary disorders	
388	Venereal diseases	
388	Visual defects	
396	Others	Assign 396 to publications dealing with any other impairments if there is only one item on the subject in the library. When two or more are added on that subject, insert a new number in the classification system between 304 and 396 and change the classification number on the publication formerly assigned to 396 and on its cards in the catalog to the new number.

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400	Rehabilitation—Cooperation and integration	Assign 400 to publications dealing with this subject in general (e.g., works on the "team approach" in rehabilitation). Classify publications dealing with cooperation and/or integration in any specific approach to rehabilitation, for any specific disabled group, or for those suffering from any specific impairment in the classification numbers assigned to those topics.
410	Rehabilitation centers	Assign 410 to publications dealing with hospitals, institutions, etc., if their primary purpose is rehabilitation, as well as to rehabilitation centers offering complete services. Classify publications dealing with the treatment of those with specific impairments only in the number assigned to that impairment.
430	Community cooperation	Assign 430 to publications dealing with community cooperation in activities, etc., for the disabled and handicapped in general. Classify publications dealing with community cooperation for those suffering from a specific impairment or for those in a specific disability group in the number assigned to that impairment or group.
500	Rehabilitation—Financing	Assign 500 to publications dealing with the general problems of rehabilitation costs and their financing.
510	Workmen's compensation	Among publications classified in 510 are those dealing with second injury funds and industrial accident benefits.
530	Insurance	Assign 530 to publications dealing with the provisions for rehabilitation in insurance policies if they discuss the financial and cost aspects.
600	Social problems	Assign 600 to publications dealing with social problems in general or with two or more of the topics classified in 625 through 685 (e.g., Annual reports of the U.S. Dept. of Health, Education, and Welfare). NOTE: None of the publications classified in 600 through 693 deals with rehabilitation per se.
625	Health	
650	Education	Assign 650 to publications dealing with education in general. Classify publications dealing with vocational education in 162.
660	Education (Oregon)	Assign 660 to publications dealing with education in general in Oregon.
675	Welfare	
680	Children and youth	
681	Children and youth (Oregon)	Assign 681 to publications dealing with any social problems relating to children and youth in Oregon.
684	Social security	Assign 684 to publications dealing with the various aspects of the social security program.
685	Old-age and survivor's insurance	Although this is one aspect of the social security program, classify publications dealing with it in 685 rather than 684 because of its importance, particularly in recent legislative developments relating to disability insurance.
690	Aged and aging	Assign 690 to publications dealing with social problems relating to the aged and aging in general. Classify publications dealing with social problems relating to the disabled aged and aging in 270.
691	Aged and aging—Employment	
692	Aged and aging—Retirement	
693	Aged and aging—Health	

700	Government	Assign 700 to publications dealing with general discussions of government (i.e., theories of government, descriptions of state and federal government, etc.).
705	Oregon state government	Assign 705 to publications dealing with Oregon state government in general.
710	Oregon state agencies	Assign 710 to publications presenting information on Oregon state agencies which are not related to subjects classified elsewhere. Publications presenting information on agencies which are related to subjects classified elsewhere are assigned to the number for that subject (e.g., Publications dealing with the Oregon Welfare Commission are classified in 675). Among publications classified in 710 are annual or biennial reports issued by state agencies which are not related to any of the topics classified elsewhere.
725	Oregon civil service	Assign 725 to publications presenting information by or about the Oregon civil service.
730	Other state civil service	Assign 730 to publications presenting information by or about civil service in other states.
735	Federal agencies	Assign 735 to publications presenting information on federal agencies which are not related to subjects classified elsewhere. Publications presenting information on agencies which are related to subjects classified elsewhere are assigned to the number for that subject. Among publications classified in 735 are annual or biennial reports issued by federal agencies which are not related to any of the topics classified elsewhere.
745	Federal civil service	Assign 745 to publications presenting information by or about the federal civil service.
750	Administration	Assign 750 to publications dealing with administration in theory and practice in government as well as in private organizations. Among materials classified in 750 are those dealing with supervision. Publications dealing with administrative policy and procedure in relation to any of the subjects classified elsewhere are assigned to the number for that subject (e.g., Classify a manual dealing with administrative policy and procedure in a vocational rehabilitation agency in 180.02).
755	Staff development	Assign 755 to publications dealing with staff development as a general topic, not related to any of the subjects classified elsewhere. Publications dealing with staff development in any of the areas classified elsewhere are assigned to that number (e.g., Classify publications dealing with staff development in a vocational rehabilitation agency in 180.08). Among publications classified in 755 are those dealing with public relations. Do not use the research number, .08, with 750 or 755.
800—899		The numbers from 800 through 899 are temporarily unassigned. They are to be used in the future for the introduction and classification of subjects which are completely omitted from the present classification system and have no relation to any of the subjects listed elsewhere in the classification system.
900	Reference works	Assign 900 to miscellaneous reference works not related to subjects classified elsewhere.
905	Directories	Assign 905 to directories providing information on subjects not related to those classified elsewhere.
908	Reference works on Oregon	Assign 908 to general reference works on the State of Oregon not related to any of the topics classified elsewhere. (e.g., Classify bibliographies on Oregon history in 908.07.)
910	Reference works on office procedure	Assign 910 to publications dealing with office routines, procedures, equipment, etc.
915	Reference works on legislation	Assign 915 to compilations of laws or publications dealing with their enactment on subjects not related to those classified elsewhere.

Figure 3a

MODIFICATIONS TO REHABILITATION
CLASSIFICATION SYSTEM

Modifications to the basic classification system for rehabilitation literature are only necessitated if a single line call number is desired (for use with coordinate index cards) or to up-date some of the subject headings. (See figure 3b for some modifications which up-date some of the subject headings). To create a single-line call number changes can be made as follows:

1. Use a letter prefix to designate type of publication by whichever breakdown desired e. g. "Z" could represent small monographs, "A"-articles, "B" hardback books, "P"-periodicals, etc.

2. Use the basic classification number "three-digit breakdown" eg. "356" for mental retardation then add a decimal and number representing sequence order, eg. the fifth book on mental retardation would be 0356.05 and the 15th book on mental retardation would be 0356.15.

3. Further breakdowns such as indicating whether the material deals chiefly with medical as vs. social rehabilitation etc. can be made by use of a second letter prefix, eg. ZQ356.15 might indicate that this was a small monograph on mental retardation which deals chiefly with medical rehabilitation and is the fifteenth book on that topic.

Figure 3b

VIRGINIA DVR LIBRARY CLASSIFICATION SYSTEM

100 REHAB (GENERAL)

102 Fictional Rehab
105 International Rehab
106 National Rehab
115 Statistics in Rehab
125 Cataloging Rehab Literature
136 Preventive Rehab
137 Reconstructive Rehab
138 Consumerism
139 Delivering Rehab Services

140 MEDICAL REHAB

141 Medical Psychology
142 Medical Evaluation
146 Physical Disability & Restoration
148 Medical Information for VR
150 Medical Research
152 Music Therapy
153 Nursing
154 Occupational Therapy
155 Physical Therapy
156 Prosthetics and Orthotics
158 Neurology

160 PSYCHOLOGICAL REHAB

161 Psychology
162 Psychiatric Rehab
163 Psychological Testing & Eval.
164 Personal Adjustment
165 Dependency & Self-Concept
166 Group Therapy
167 Motivation
168 Behavior & Personality
169 Social Psychology

170 SOCIAL REHAB

171 HEW Social Reports
174 Social Work & Workers
175 Social Welfare & Specific Disabilities
176 Social Group Work
178 Recreation - (i.e. non-medical)

180 VOC. REHAB

181 Voc. Evaluation & Diagnosis
182 Voc. Counseling & Guidance
183 Occupational Information
184 Work: Theories & Meaning
185 Maintenance
186 Independent Living & Self-Care
187 Training - Voc. & Prevoc.
188 Vocational Education
189 Aides, Paraprofessionals, etc.
190 Job Satisfaction
191 Work Adjustment
192 Placement and Closures
193 Caseload Management
194 Referrals & Case Finding
195 Self-Employment - (i.e. small business)
196 Employment of Handicapped
197 Employment, Labor, Manpower (of Nondisabled)
198 Follow-up
199 Consultants

200 DISABLED AND HANDICAPPED

201 Rural Disabled
205 Severely or Multiply Disabled
210 Disabled Women
212 Disabled Men
215 Disabled Children & Youth
220 Disabled Veterans
230 Disabled Industrial Workers
235 Disabled Ethnic Groups
240 Homebound & Homemakers
250 Chronically Ill
260 Attitudes Toward Disabled
261 Attitudes of Disabled
270 Disabled Older Workers or Aged
275 Self-Help Devices
276 Mobility Handicapped
280 Clothing & Other Aids

300 IMPAIRMENTS

304 Alcoholism
308 Amputations
309 Anemia
312 Arthritis
313 Asthma
314 Back Defects
315 Burns
316 Cancer
320 Cerebral Palsy
321 Cerebral Damage (includes Hemiplegics)
323 Cystic Fibrosis
324 Congenital Defects
325 Colostomies
328 Deaf-Blind
332 Diabetes
333 Hemophilia
336 Disfigurements
340 Epilepsy
344 Hearing Defects (Deaf)
348 Heart Defects (Cardiac)
349 Illeostomy
350 Kidney Problems
353 Learning & Reading Disabilities
354 Leukemia
355 Leprosy
356 Mental Retardation
357 Mental Illness, Health (Emotional Problems)
364 Multiple Sclerosis
368 Muscular Dystrophy
371 Pressure Sores
372 Spinal Cord Injuries (Quads & Paraplegics)
374 Parkinsonism
376 Poliomyelitis
380 Speech Defects
381 Spina Bifida Manifesta
382 Stroke
384 Tuberculosis
385 Other Pulmonary Disorders
388 Visual
396 Other

400 REHAB COOPERATION AND INTEGRATION
(Includes Third Party Public Funds)

401 Disaster & Emergency Actions
405 Communications
408 Rehab Camping
409 Rehab Schools
410 Rehab Centers
411 Rehab Research & Trng. Centers
415 Facilities
420 Sheltered Workshops
425 Halfway Houses
426 Residential Care
430 Work-Study Programs (School Units)
431 Mental Retardation Cooperative Program of Training & Research
440 Corrections & VR
450 Mental Hospitals & VR
451 Social Clubs
455 Other Hospitals
460 Welfare & VR
461 Work Incentive Program
465 Social Security Trust Fund-Disability Program & VR
467 Employment Service & Manpower Programs
470 Community Action Programs
475 Model Cities
480 Community Resources
485 Labor and VR
487 Selective Service & VR
490 Architectural & Transportation Barriers

500 FINANCING

501 Medical Care Programs
503 College Scholarships, Loans, & Self-Help Opportunities
505 Grants for VR Programs
508 Foundations
510 Workmen's Compensation
520 Economics
530 Insurance
540 Medicaid
545 Cost Comparisons
550 Training Allowances

600 SOCIAL PROBLEMS

602 Energy Conservation
605 Ethics
620 Sociology
625 Public Health
630 Ecology
649 Higher Education
650 Public & Private Education
651 Special Education
655 Social Agencies
668 School Dropouts
669 Social Dropouts
670 Volunteers
671 Crisis Intervention
672 Suicidology
673 Unemployment
674 Minorities
675 Welfare
676 Poverty (Culturally Disadvantaged)
677 Housing
678 Urban Problems
680 Children & Youth
681 Family Planning
682 The Family Unit
683 Foster Care
684 Social Security
690 Aged and Aging
694 Drug Abuse
695 Public Offenders and Juvenile Delinquency
696 Prostitution

700 GOVERNMENT AND ADMINISTRATION

705 Virginia State Government
708 Virginia Census Information
710 Virginia State Agencies
711 Virginia State Planning Commission
712 City Planning Commission
715-725 Legislation
734 Courts
735 Federal Government Agencies and Organizations
736 Health, Education, & Welfare
738 Federal Regulations - VR Program
739 Legal Rights
740 Selective Service
745 Statewide Plans for VR & Annual Reports
748 Comparisons Between States and State/Federal Relations

700 GOVERNMENT AND ADMINISTRATION (CON'T.)

750 Administration
751 Program Evaluation
752 Agency Planning
754 Personnel Hiring and Orientation
755 Staff Development and Training
756 Public Relations
757 Virginia Associations and Organizations
760 Virginia VR Governors' Reports and Administrative Studies
770 Library Administration
771 Interlibrary Cooperation
799 Consultants, Technical Assistant

800 RESEARCH

801 Research Reviews
802 Research Needs
825 Project Listings
829 Social Research Methods
830 Operations Research
835 Research Utilization
836 Research Population

900 REFERENCE AND MISCELLANEOUS

901 Occupational Information Handbook
905 Speaker's Treasure Chest
909 Publishers' Catalogs
910 Abstracts
915 Bibliographies and References
917 College Catalogs and Bulletins
918 Dictionaries
922 Directories
925 Encyclopedias
930 Guides
935 Indexes
937 Maps
940 Audiotapes
949 Catalogs of Audiovisual Material
950 Films Only
960 Mass Media
970 Plays
975 Informational Systems
976 Bibliotherapy

Figure 4

AUTHOR INDEX

356.12 DOE, JOHN

Mental Retardation: Facts and Figures

ABC Publishing Company, 3333 Jacksonian Drive, New York, New York 10019

1967 Second Edition

1. Mental Retardation 2. Statistics

TITLE INDEX

356.12 Mental Retardation: Facts and Figures

John Doe

ABC Publishing Company, 3333 Jacksonian Drive, New York, New York 10019

1967 Second Edition

1. Mental Retardation 2. Statistics

SUBJECT INDEX

MENTAL RETARDATION

356.12 Mental Retardation: Facts and Figures

John Doe

ABC Publishing Company, 3333 Jacksonian Drive, New York, New York 10019

1967 Second Edition

1. Mental Retardation 2. Statistics

2. Coordinate Index Cards

These are best for very small collections of materials or to be used in addition to author, title, and subject cards. Coordinate Index Cards are columnized descriptor cards which reflect only call numbers for materials related to a given subject or keyword. (See figure 5 for example).

Each card has ten columns numbered 0-9. Material call numbers are posted to one of the ten columns according to the right hand digit, eg. #340.13 would be placed in column "3", or #340.14 would be placed in column "4". If a particular publication pertained to two subjects, that call number would be found on both subject descriptors in the same column, eg. #192.12 "Placement of the Epileptic" would be found on the "Placement" card in the "2" column and on the "Epileptic" card in the "2" column.

If a publication related to three or more subjects, the call number would be found in the same column of each descriptor card.

The advantage of these cards is the degree of refinement possible of a subject area without thumbing through a host of subject cards. The disadvantage is the lack of bibliographical data and having to scan several columns of numbers. However, it is ideal for someone needing everything available on a refined subject area.

3. KWIC Book Catalogs -

This computerized book catalog lists titles with keywords in parallel positions; for example

How an EMPLOYER can aid Mental Patients
Methods for increasing EMPLOYER contacts by Job Seekers
Factors affecting EMPLOYER receptivity toward the Ment.

Accession numbers are to the right or left of the title while author and publisher indexes are generally in the back of the catalog.

Figure 5

COORDINATE INDEX CARDS

EPILEPSY (340)

0	1	2	3	4	5	6	7	8	9
	340.01	340.02	340.03	340.04	340.05	340.06	340.07	340.08	340.09
340.10	340.11	340.12	340.13	915.14	825.15	676.16	192.17		
		192.12							

PLACEMENT (192)

0	1	2	3	4	5	6	7	8	9
	192.01	192.02	192.03	192.04	192.05	192.06	192.07	192.08	192.09
192.10	192.11	192.12	184.03	187.14		430.16			

Circulation Policies and Procedures:

Who can borrow materials and for how long? Will there be a fine system? What about reserve status and renewals? What is the procedure for checking material in and out? Should we have a selective dissemination of information system? Who do we route journals to? Answers should be set forth in the written plan.

1. Loan periods

   Generally one-month loan periods subject to renewal are adequate unless the item is in high demand. The demand may be the result of advertisement you do or the grapevine. In those cases two or three week limits may be in order. Indefinite loan periods don't work!!!

2. Borrowers

   Should the collection be available to rehab-related facilities and/or agencies? If so, you may need two or more copies of some materials. Will it be limited to state office staff or also to the practitioners? How about students? Other states? Should priorities be set as Library of Congress does, ie. Congressmen first, others as time and personnel allows. Whoever does borrow should have their name, address, etc. on file.

3. Requests

   Requests for information may come in several forms depending on who is the borrower, nearness of the center and advertising methods. Memos, calls, letters, visits in person, and return slips from advertisements may bring requests to the information center. In addition, the librarian may choose to use a special form to record phone requests and/or other requests. (See figure 6).

4. Check-out procedures

   How would a visitor check materials out of the information center? What steps would he follow? Are these the same steps for handling mail requests?

Figure 6

INFORMATION REQUEST FORMS

DVR LIBRARY INFORMATION REQUEST

Note: Excludes
Ad Responses

Request by: ☐ Mail ☐ Phone ☐ Visit ☐ Referral Date: _____

Time: _____ a.m. _____ p.m.

Requestor with _____

address _____

Phone No. _____

REQUEST:

ACTION TAKEN: By Whom: _____ Date: _____

Time: _____ a.m. _____ p.m.

☐ Sent No. _____

☐ Hold No. _____ Notified of Hold _____

☐ Borrowed Titles _____

From: _____

☐ Referred to: _____

☐ Unable to assist because _____

REMARKS:

Steps may include (1) user completes borrower information card, (2) user signs his name and date on book card in the back of the book, (3) librarian files this card in check-out tray under the call number, date, or title, (4) librarian stamps date due on slip inside the book or pulls date card and inserts another one. (See sample book card and date due slips in figure 7).

5. Reserve Status

When two or more individuals want the same item and only one copy is available, there must be some system for (1) notifying the second requester of its availability, (2) recording the name and address of the second requester and (3) marking the check-out card so that upon its return the second requester can borrow it. A sample form that can be used in notifying is attached as figure 7. Plastic color coded slips can be placed onto the book card indicating that someone is holding for the material. Another card tray can be used to keep the cards on reserve status items. These cards should be filed in the same manner as those being checked out.

6. Renewals

Renewals will need to depend on whether someone else is on reserve status. If no one is waiting for the item, a two week renewal period might be used.

7. Journal routings

If journals are to be routed, the librarian should know where it is at a given time in case others not on the routing list need to see a particular issue. A sample card which can be sent in the quantity needed for notification of its whereabouts is shown in figure 8. Routing slips should specify length of time the periodical should stay in that office as well as what should be done with it if the individual is on leave.

Figure 7

Book Card

Doe, John 356.12

MENTAL RETARDATION: FACTS AND FIGURES

DATE	ISSUED TO
AUG 10 1974	J. E. Kilroy

Borrower Information Card

DOE, JOHN G.
1311 Doe Road
Richmond, Missouri 02345

276-3456

Welfare Agency Staff

Date Due Slip

	DATE DUE		

RESERVE STATUS NOTIFICATION

TO:

FROM:

RE:

DATE:

The above material is out of the library at this time. Because there are _____ individuals ahead of you, there may be a delay of _____. You may be able to get a copy from your local library. If not, or if you would like to remain on the waiting list, please sign your name below and return it to this office.

_____

Figure 8

Journal Routing Card

I have this date _____ forwarded the _____ issue

of the _____ Journal to

_____ at

Name

_____

Office

_____

Signature

Personnel Interest Card

51

Name: John Doe

Office: Timbuktu Office

Topics: Program Evaluation
Correctional Rehabilitation
Counseling Techniques

Purpose: Professional Growth

Deadline Date: No special deadline

8. Selective Dissemination of Information

Should the information center begin a Selective Dissemination of Information (SDI) System? The answer should depend on the number of individuals who may want the same materials and the ability of the information center to meet the demand. It may also be influenced by the need to supply certain top level staff with information before other staff have access to it.

If the decision is to initiate such a system, it will be necessary to first get a user profile of need areas. Next a method needs to be developed for finding the appropriate user when new materials come into the center. One method consists of assigning each user profile a number and then reflecting that number in the appropriate area on the subject worksheet. (See figure 9). The user profiles should be updated periodically, and if possible dates should be submitted by the user as to when the material on that topic would no longer be useful.

9. Check-in Procedures

What procedures should be followed when materials are returned by mail? Would these differ if returned in person? Where are materials to be returned? Is it readily visible? Procedures might include the following check-in activities: (1) check number on the book, (2) pull card from check-out tray for that book, (3) mark last name off, (4) if someone is on reserve status for it, forward it, (5) if not, put card back into the book and shelve it.

Interlibrary Loans:

Will materials in the information center be loaned to other libraries or to their patrons? If so, will loans be made directly to the patrons or via the library? Perhaps a reciprocal loan policy with libraries,in the area of the agency center and having subject matter which may be needed occasionally, would be feasible.

Figure 9

Personnel Interest Worksheet

Counseling	34
Evaluation - Client	61
Evaluation - Program	51
Staff Development	23, 55, 24,
Placement and Follow-up	10
Corrections/Rehabilitation	2
Welfare/Rehabilitation	4
Mental Institutions/Rehabilitation	16
Schools/Rehabilitation	35
Etc.	

Acquisitions:

What procedures will be followed in selecting new materials? How can current files on what is available be maintained? From whom do we order materials and what steps are involved?

1. Selection methods
   a. Book Committee - The use of a book committee is warranted if the information center has a large budget for acquisitions. Book committees can be used to review advertisements of new materials and to solicit additional suggestions.
   b. Staff Surveys - Both formal and informal surveys can be used to solicit suggestions and recommendations from staff. Ideally staff should be encouraged to submit suggestions regularly. Following through on the suggestions, if feasible, and by informing that individual when the material is available, will help assure staff's participation.
   c. Scanning and reviewing - Ideas for purchases can be obtained by carefully reviewing bibliographies, book reviews, references, book lists, advertisements, and BOOKS IN PRINT on a regular basis. Journals, library advertisements, jobber book lists, and publishers are sources for materials to scan.
   d. Other - Inspection of dealer stocks and publisher displays, interviewing publisher and bookseller representatives, and examination of requested material ordered on approval are additional selection methods.
2. Jobbers and Publishers
   a. Jobbers store copies of books from various publishers and obtain additional books as needed by their customers. The use of a jobber allows for ordering from only or primarily one company rather than multi-companies. Often jobbers allow a discount on materials ordered.

Some jobbers provide book ordering and supplying services and journal subscription services. There are also companies which handle only journal subscriptions, including renewals, etc.

b. Publishers may offer discounts also to special libraries or agencies. There names and addresses are listed in the back of BOOKS IN PRINT which is found in all public and university libraries.

c. Orders should give complete information. This means title, author, copyright date, paperback or hardback form or even microfiche, publisher, publishers' addresses, as well as the cost.

3. Depository accounts

In some instances, government sources of materials may require payment along with the order rather than billing the information center. Special arrangements have been made in some cases for billing to agencies but often prefer having the information center or library set up a certain lump sum on deposit with them against which orders for material would be drawn.

Record Keeping (Accountability Aspects):

Whenever public monies are spent, certain records must be kept. Usually the agency in which the information center is being established will have certain policies. Check these first. In addition,or if the agency does not have specifics set forth for which the information center head is responsible, reports should be prepared to cover the following factors, (These factors can contribute to program evaluation for future improvements:)

1. Acquisitions and the costs involved
2. Number of additions to the library as well as deletions
3. Circulation figures, including responses generated by advertisements, phone requests, walk-in requests, mail requests

4. Reserve status flow, ie. number added, number removed

5. Results of periodic user surveys

Ideally, an annual report should be submitted to the agency head for his information and for the information center head's review and planning.

See figure 10 for sample report form.

Publicity:

Before the information center can be utilized, staff must be aware that it exists for them and interested in what it has to offer. There are several ways to keep the staff informed:

1. Publications -

   a. Kinds - There are several types of publications which can inform staff. New acquisitions listings is one form. To be effective it should be relatively brief, listed according to subject headings, and attractive to the eye in format and design.

      Another type of publication abstracts materials, uses descriptive blurbs or book reviews to attract readers. To be useful, it must be attractive to the eye, have eye catching headings, use a format that allows easy viewing, and contain materials relevant to the viewers.

   b. Convenience factors - The usefulness of the publications will be related to its convenience. One method of facilitating this usefulness is to include a perforated section to be used as a return slip by which patrons can circle the numbers of the materials desired.

   c. Other factors for consideration include the inclusion of illustrations, variety, careful arrangement, wording which says what is intended, and the timeliness of items advertised.

2. Exhibits and Bulletin Boards

   a. Exhibits at conferences, workshops, seminars, institutes, etc. which are eye catching offering movement, simple message, and color can bring

Figure 10 MONTH OF _____

DATE													
Articles Received													
Reports and Books Returned													
Periodicals Returned													
Total Returned													
Visitors													
Phone Calls													
Linker Requests													
N. Books Requests													
Other													
Total Patrons													
Articles Sent													
Reports and Books Sent													
Periodicals Sent													
Abstracts Sent													
Total Circulation													
Put on / Holds													
Removed / Holds													
Return Requests Made													
Materials Added													
Materials Withdrawn													
III Borrowed													
III Loaned													

additional patrons into the center, as well as serve as a reminder to former patrons of the values of the center.

b. Bulletin Boards

Displays of covers from new books, charts of checkout procedures, loan policies, guide to the library, etc. can facilitate patron interest in the materials in the information center. Ideally, the bulletin board should be readily accessible for viewing.

3. Brochure

After the information center has been established, it may be desirable to prepare a brochure which describes services, policies, procedures, and resources of the center.

SPACE AND LAYOUT

Space must be designated for the information center which allows for the orderly operation of the information system within the center. Office space requirements differ from that of an information center. Space must be allowed for shelves, card catalogs, work area for handling of materials, for getting into files or drawers, etc. Ideally the librarian should be in a private work space. Consideration also needs to be given for lighting needs, spacing of electrical outlets to allow for use of audiovisual equipment and microfilm readers, etc. Space requirements and layout will depend on the equipment and materials be used.

EQUIPMENT AND SUPPLIES

In purchasing supplies and equipment, it is advisable to obtain durable, good quality items, otherwise, replacements may be necessary and time consuming endeavors. Suggested equipment and supplies are as follows:

Equipment	Supplies
Shelving units (preferably with dividers)	Princeton files or periodical hold
Magazine Rack	Book ends
File Drawers (for pamphlets or articles)	Book Cards
Reading table and chairs	Index Cards
Bulletin Board	Date Slips
Desk and chair	Book Pockets
Card Catalog Files	Electro pencil/transfer paper (for numbering books)
Microfiche or microfilm reader and or reader/ printer	File Folders and labels
	Visible Record Cards (for listing journals)

SUMMARY

These guidelines have been presented as helps in establishing the information center and do not necessarily include all operating procedures in the details needed. Some of these details have been set forth in CATALOGING REHABILITATION LITERATURE by Doreen Portal, previously mentioned. It is recommended that the librarian get involved in local library associations as this can contribute greatly to her storehouse of knowledge and effectiveness in the agency information center.

APPENDIX B

GUIDELINES FOR ESTABLISHING LIBRARIES IN AREA OR LOCAL OFFICES

by

Laura A. Edwards, Research Librarian

Department of Vocational Rehabilitation
4615 W. Broad Street
Richmond, Virginia 23230

July, 1971

I. Why set up a library in my area office?

A. To consolidate and organize materials for greatest accessibility and rapid retrieval

B. To centralize the ordering of items (free and purchased) to minimize duplication

C. To maintain comprehensiveness of coverage of pertinent subjects

D. To reduce loss of items

KEYWORDS: Consolidation, organization, accessibility, rapid retrieval, centralization, duplication, comprehensiveness, losses, continuity.

II. How do we set this up?

A. Select clerical personnel to be responsible for its organization and operations who will then:

B. Make an inventory of available materials in the Area Office for a library

C. Sort the materials by type, i.e. books, documents and research reports, periodicals, articles

D. Assign accession numbers and/or letters by using one of the following:

1. Consecutive numbers: e.g. first book would be number 1, next book number 2, 3, 4, 5, 6 . . 100, etc.

2. Classification numbers:
   a. Determine the main subject of each book
   b. Find that subject in the subject index or classification index. (See Attachments 1 and 2)
   c. Use the three digit number beside the subject as your basic number e.g. Epilepsy, 340
   d. Next either add a decimal and number books under that classification heading consecutively such as the 12th book in the category Epilepsy would be number 340.12 or,
   e. Add to the basic digit the author's last initial and file by his name (last name first).

3. To indicate what type material is being assigned the number, you may add a prefix of letters such as an "A" for an article, "0" for a book, blank for a report, "J" for a journal or periodical, etc. Decide for yourself which letters you prefer. Thus the 12th book on Epilepsy may be numbered 0340.12 and the 12th article on Epilepsy may be numbered A340.12. Together you would know you had at least 24 items on Epilepsy.

Note: See Appendix D for Equipment and Supplies needed.

4. On paperbound materials write this number on the cover with ink or magic marker. For books, you can buy transfer letters which can be pressed on the spine of the book. See librarian for details.

E. Type author and subject cards.
1. Use 3" x 5" cards.
2. Type author and subject card on each item at the same time by inserting clean carbon paper between two cards.
3. Type card including author, editor or compilor (if such is the case), title, accession number, publisher and publishing date. (See Sample Attached.)

F. File these cards alphabetically in two separate card file drawers.

G. Shelve or file materials on bookshelves (or if articles in the file drawers).

KEYWORDS: Inventory, Sort, Assign Numbers, Type and File Cards, Shelve Material.

III. How do we operate or maintain this library?

A. Check-out system:
1. Provide 3" x 5" cards in a container easily accessible to everyone using the library, or have a notebook open for signing out books.
2. Include on these cards the accession number, borrower, and date borrowed, title, and author. (See Sample Attached.)

B. Routings: Periodicals and other items which interest several staff members should be routed routinely to them. Before doing so, record somewhere, preferably on a 3" x 5" card, the title, author or publisher, and issue received. You can use one card with all dates of receipt included on the same one.

C. Acquisitioning: Use present channels for purchasing or requesting free items.

D. Interlibrary loans: For borrowing from the State DVR library, direct requests to the Research Librarian by memo, "New Books" slip or "Linker" slips. Loans are for two weeks if item was advertised in the "Linker", for three weeks if listed in "New Books", and four weeks if not advertised.

IV. How will the Central Library work with our Area Office Library?

A. By providing guidelines for setting up a library.
B. By providing a basic books suggestion list.
C. By providing a subject index (which can be amended to better suit local needs).
D. By providing a classification system, if desired.
E. By offering a listing of general informational resources upon request.
F. By distributing extra copies of material as available for local libraries.
G. By providing packets of abstracts on given subjects to be retained locally.
H. By meeting with several area office secretaries when desired to answer any questions they may have in establishing and operating such libraries.
I. Suggesting pertinent materials from time to time which you may want to obtain for your office library.
J. By accepting suggestions for State Office Library improvement and coverage.

V. What can't the Central Library do at the present time?

A. Pay for your materials.
B. Set it up.
C. Run it.

Attachment 1

BEST COPY AVAILABLE

VIRGINIA DVR LIBRARY CLASSIFICATION SYSTEM

100 REHAB (GENERAL)

102 Fictional Rehab
105 International Rehab
106 National Rehab
115 Statistics in Rehab
125 Cataloging Rehab Literature
136 Preventive Rehab
137 Reconstructive Rehab
138 Consumerism
139 Delivering Rehab Services

140 MEDICAL REHAB

141 Medical Psychology
142 Medical Evaluation
146 Physical Disability & Restoration
148 Medical Information for VR
150 Medical Research
152 Music Therapy
153 Nursing
154 Occupational Therapy
155 Physical Therapy
156 Prosthetics and Orthotics
158 Neurology

160 PSYCHOLOGICAL REHAB

161 Psychology
162 Psychiatric Rehab
163 Psychological Testing & Eval.
164 Personal Adjustment
165 Dependency & Self-Concept
166 Group Therapy
167 Motivation
168 Behavior & Personality
169 Social Psychology

170 SOCIAL REHAB

171 HEW Social Reports
174 Social Work & Workers
175 Social Welfare & Specific Disabilities
176 Social Group Work
178 Recreation - (i.e. non-medical)

180 VOC. REHAB

181 Voc. Evaluation & Diagnosis
182 Voc. Counseling & Guidance
183 Occupational Information
184 Work: Theories & Meaning
185 Maintenance
186 Independent Living & Self-Care
187 Training - Voc. & Prevoc.
188 Vocational Education
189 Aides, Paraprofessionals, etc.
190 Job Satisfaction
191 Work Adjustment
192 Placement and Closures
193 Caseload Management
194 Referrals & Case Finding
195 Self-Employment - (i.e. small business)
196 Employment of Handicapped
197 Employment, Labor, Manpower (of Nondisabled)
198 Follow-up
199 Consultants

200 DISABLED AND HANDICAPPED

201 Rural Disabled
205 Severely or Multiply Disabled
210 Disabled Women
212 Disabled Men
215 Disabled Children & Youth
220 Disabled Veterans
230 Disabled Industrial Workers
235 Disabled Ethnic Groups
240 Homebound & Homemakers
250 Chronically Ill
260 Attitudes Toward Disabled
261 Attitudes of Disabled
270 Disabled Older Workers or Aged
275 Self-Help Devices
276 Mobility Handicapped
280 Clothing & Other Aids

300 IMPAIRMENTS

304 Alcoholism
308 Amputations
309 Anemia
312 Arthritis
313 Asthma
314 Back Defects
315 Burns
316 Cancer
320 Cerebral Palsy
321 Cerebral Damage (includes Hemiplegics)
323 Cystic Fibrosis
324 Congenital Defects
325 Colostomies
328 Deaf-Blind
332 Diabetes
333 Hemophilia
336 Disfigurements
340 Epilepsy
344 Hearing Defects (Deaf)
348 Heart Defects (Cardiac)
349 Ileostomy
350 Kidney Problems
353 Learning & Reading Disabilities
354 Leukemia
355 Leprosy
356 Mental Retardation
357 Mental Illness, Health (Emotional Problems)
364 Multiple Sclerosis
368 Muscular Dystrophy
371 Pressure Sores
372 Spinal Cord Injuries (Quads & Paraplegics)
374 Parkinsonism
376 Poliomyelitis
380 Speech Defects
381 Spina Bifida Manifesta
382 Stroke
384 Tuberculosis
385 Other Pulmonary Disorders
388 Visual
396 Other

400 REHAB COOPERATION AND INTEGRATION (Includes Third Party Public Funds)

401 Disaster & Emergency Actions
405 Communications
408 Rehab Camping
409 Rehab Schools
410 Rehab Centers
411 Rehab Research & Trng. Centers
415 Facilities
420 Sheltered Workshops
425 Halfway Houses
426 Residential Care
430 Work-Study Programs (School Units)
431 Mental Retardation Cooperative Program of Training & Research
440 Corrections & VR
450 Mental Hospitals & VR
451 Social Clubs
455 Other Hospitals
460 Welfare & VR
461 Work Incentive Program
465 Social Security Trust Fund-Disability Program & VR
467 Employment Service & Manpower Programs
470 Community Action Programs
475 Model Cities
480 Community Resources
485 Labor and VR
487 Selective Service & VR
490 Architectural & Transportation Barriers

500 FINANCING

501 Medical Care Programs
503 College Scholarships, Loans, & Self-Help Opportunities
505 Grants for VR Programs
508 Foundations
510 Workmen's Compensation
520 Economics
530 Insurance
540 Medicaid
545 Cost Comparisons
550 Training Allowances

BEST COPY AVAILABLE

600 SOCIAL PROBLEMS

602 Energy Conservation
605 Ethics
620 Sociology
625 Public Health
630 Ecology
645 Higher Education
650 Public & Private Education
651 Special Education
655 Social Agencies
668 School Dropouts
669 Social Dropouts
670 Volunteers
671 Crisis Intervention
672 Suicidology
673 Unemployment
674 Minorities
675 Welfare
676 Poverty (Culturally Disadvantaged)
677 Housing
678 Urban Problems
680 Children & Youth
681 Family Planning
682 The Family Unit
683 Foster Care
684 Social Security
690 Aged and Aging
694 Drug Abuse
695 Public Offenders and Juvenile Delinquency
696 Prostitution

700 GOVERNMENT AND ADMINISTRATION

705 Virginia State Government
708 Virginia Census Information
710 Virginia State Agencies
711 Virginia State Planning Commission
712 City Planning Commission
715-725 Legislation
734 Courts
735 Federal Government Agencies and Organizations
736 Health, Education, & Welfare
738 Federal Regulations - VR Program
739 Legal Rights
740 Selective Service
745 Statewide Plans for VR & Annual Reports
748 Comparisons Between States and State/Federal Relations

700 GOVERNMENT AND ADMINISTRATION (CON'T.)

750 Administration
751 Program Evaluation
752 Agency Planning
754 Personnel Hiring and Orientation
755 Staff Development and Training
756 Public Relations
757 Virginia Associations and Organizations
760 Virginia VR Governors' Reports and Administrative Studies
770 Library Administration
771 Interlibrary Cooperation
799 Consultants, Technical Assistant

800 RESEARCH

801 Research Reviews
802 Research Needs
825 Project Listings
829 Social Research Methods
830 Operations Research
835 Research Utilization
836 Research Population

900 REFERENCE AND MISCELLANEOUS

901 Occupational Information Handbook
905 Speaker's Treasure Chest
909 Publishers' Catalogs
910 Abstracts
915 Bibliographies and References
917 College Catalogs and Bulletins
918 Dictionaries
922 Directories
925 Encyclopedias
930 Guides
935 Indexes
937 Maps
940 Audiotapes
949 Catalogs of Audiovisual Material
950 Films Only
960 Mass Media
970 Plays
975 Informational Systems
976 Bibliotherapy

Attachment 2

ALPHABETICAL LISTING OF SUBJECT INDEX

A Abstracts (910)
Adjustment - Personal (164)
Adjustment - Work (191)
Administration (750)
Adolescents (680)
Aged and Aging (690)
Aged - Disabled (270)
Agencies - Federal (735)
Agencies - Private (655)
Agencies - State (710)
Aides (189)
Alcoholism (304)
Amputations (308)
Anemia (309)
Annual Reports - Voc. Rehab (745)
Aphasia (380)
Architectural Barriers (490)
Arthritis (312)
Associations (757)
Asthma (313)
Attitudes of Disabled (261)
Attitudes toward Disabled (260)
Audiotapes (940)
Audiovisual Aids (950) (940)

B Back Defects (314)
Behavior (168)
Behavior Modification (168)
B Bibliographies (915)
Blind (388)
Burns (315)

C Cancer (316)
Cardiac (348)
Case Finding (194)
Caseloads (192)
Cataloging Rehab Literature (125)
Cerebral Damage (321)
Cerebral Palsy (320)
Cerebral Vascular Accident and Disease (382)
Children (680)
Children - Disabled (215)
Chronically Ill (250)
City Planning Commission (712)
Clinical Psychology (161)
Closures (192)
Clothing (280)
Clubs (451)
College - Catalogs (917)
College - Scholarships (503)
Colostomies (325)
Communication (405)
Community Action (470)
Community Resources (480)
Compensation - Workmen's (510)
C Congenital Defects (324)
Consultants (199)
Consultation (199)
Cooperation (400)
Cooperative Agreements (431)
Corrections (440)
Cost Comparisons (545)
Counseling - Vocational (182)
Courts (734)
Culturally Disadvantaged (676)
Cystic Fibrosis (323)

D Deaf (344)
Deaf - Blind (328)
Delinquency - Juvenile (695)
Delivering Rehab Services (139)
Dependency (165)
Diabetes (332)
Dictionaries (918)
Directories (922)
Disabilities (300)
Disabled - Children (215)
Disabled - Ethnic Groups (235)
Disabled - Industrial Workers (230)
Disabled - Men (212)
Disabled - Older Workers or Aged (270)
Disabled - Rural (201)
Disabled - Severely (205)
D Disabled - Veterans (220)
Disabled - Women (210)
Disaster (401)
Disfigurements (336)
Dropouts - School (668)
Drug Abuse (694)

E Economics (520)
Education - Higher (649)
Education - Public and Private (650)
Education - Special (651)
Education - Vocational (188)
Emergency Action (401)
Emotional Disorders (357)
Employment - General (197)
Employment - Handicapped (196)
Employment - Self (195)
Encyclopedias (925)
Epilepsy (340)
Estimated Needs (135)
Evaluation - Medical (142)
Evaluation - Psychiatric (163)
Evaluation - Psychological (163)
Evaluation - Social (None)
Evaluation - Vocational (181)

F Facilities (415)
Family Planning (681)
Family Unit, The (682)

F Federal Agencies (735)
Federal Regulations (738)
Fictional Rehab (102)
Films (950)
Financial (500)
Follow-Up (198)
Foster Care (683)
Foundations (508)

G Government (700)
Government - Federal (735)
Government - State (705)
Grants (505)
Groups (166)
Group Therapy (166)
Guides (930)

H Halfway Houses (425)
Health - Public (625)
Hearing Defects (344)
Heart Defects (348)
Hemiplegia (343)
Hemophilia (333)
HEW Social Reports (171)
Hiring (754)
Homebound (240)
Homemakers (240)
Hospitals - General (455)
Hospitals - Mental Units (450)
Housing (677)

I Illeostomy (349)
Impairments (300)
Independent Living (136)
Indexes (935)
Insurance (530)
International Rehab (105)

J Job Satisfaction (190)
Juvenile Delinquency (695)

K Kidney Problems (350)

L Labor/Vocational Rehab Relationship (485)
Learning and Reading Disabilities (353)
Legal Rights (739)
Legislation - Veterans (715)
Legislation - Vocational Rehab (738)
Leprosy (355)
Leukemia (354)

M Maintenance (185)
Maps (937)
Mass Media (960)
Medicaid (540)
Medical Care Programs (501)
Medical - Consultation (143)
Medical - Evaluation (142)
Medical - General (100)
Medical Psychological (160)
Medical - Rehab (140)
Medical - Research (150)
Medical - Social (170)
Medical Information for VR (148)
Mental Illness (357)
Mental Retardation (356)
Mental Retardation - Cooperative Programs (431)
Minorities (674)
Mobility Handicapped (276)
Model Cities (475)
Motivation (167)
Multiple Sclerosis (364)
Multiply Disabled (205)
Muscular Dystrophy (368)
Music Therapy (152)

N National Rehab (106)
Neurology (158)
Nursing (153)

O Occupational Information (183)
Occupational Therapy (154)
Organizations (757)
Orientation (754)
Other Hospitals (455)
Other Impairments (396)
Other Pulmonary Disorders (385)

P Paraplegia (372)
Parkinsonism (374)
Personal Adjustment (164)
Personality (168)
Personnel (754)
Physical Disability (Psy. Impact) (144)
Physical Restoration (146)
Physical Therapy (155)
Placement (192)
Plays (970)
Poliomyelitis (376)
Population (836)
Poverty (676)
Pressure Sores (371)
Preventive Rehab (136)
Private Education (650)
Probation (695)
Problems - Social (600)
Program Evaluation (751)
Project Listings (825)
Prosthetics (156)
Psychiatric Rehab (162)
Psychological Rehab (160)
Psychology - Social (169)
Public Education (650)
Public Health (625)
Public Offenders (695)
Public Relations (756)
Pulmonary Disorders (384 & 385)

Q Quads (372)

R Reconstructive Rehab (137)
Recreation (178)
Reference (900)
Referrals (194)
Regulations - Federal (738)
Rehab Centers (410)
Rehab Research and Training Centers (411)
Rehab Schools (409)
Research (800)
Research Needs (802)
Research Population (836)
Research Reviews (801)
Research Utilization (835)
Rights Legal (739)
Rural Disabled (201)

S Scholarships (503)
School Dropout (668)
Selective Service (740)
Self-Employment (195)
Self-Help Devices (275)
Severely Disabled (205)
Sheltered Workshops (420)
Small Business (195)
Social Clubs (451)
Social Group Work (176)
Social Psychology (169)
Social Rehab (170)
Social Reports (171)

S Social Security (684)
Social Security Trust Fund Disability Program (465)
Social Welfare (175)
Social Work (174)
Sociology (620)
Speaker's Treasure Chest (905)
Special Education (651)
Speech Defects (380)
Spina Bifida Manifesta (381)
Spinal Cord Defects (372)
Staff Development (755)
Statewide Plans - Vocational Rehab (745)
Statistics (115)
Stroke (382)
Suicides (672)

T Training Allowances (550)
Training Centers (411)
Training - Prevocational (187)
Training - Vocational (187)
Transportation (490)
Tuberculosis (384)

U Urban Problems (678)

V Veterans (220)
Virginia - Agencies (710)
Virginia - Government (705)
Virginia - Governor's Commissions (760)
Virginia - Planning Commission (711)
Visual Impairments (388)
Volunteers (670)

W Welfare (675)
Welfare - Vocational Rehab Units (460)
Work Adjustment (191)
Work Incentive Programs (461)
Work - Study Programs (430)
Work - Theories (184)
Workshops - Sheltered (420)

Attachment 3

Author Index Card

420.13

Kimberly, John R.

The Financial Structure of Sheltered Workshops

Project Number: RD-2075-G

Cornell University
Ithaca, New York

June, 1968

Subject Index Card

Sheltered Workshops 420.13

Kimberly, John R.

The Financial Structure of Sheltered Workshops

Project Number: RD-2075-G

Cornell University
Ithaca, New York

June, 1968

Attachment 4

Check-Out Cards

Check-Out Card

Name -

Date -

Material # -

APPENDIX C

VIRGINIA DEPARTMENT OF VOCATIONAL REHABILITATION

GUIDELINES FOR REGIONAL RESEARCH INFORMATION CENTERS

As a Regional Research Information Center (RRIC) in Virginia, you are a part of a large Social and Rehabilitation Service (SRS) Research Information System. This system includes four documents or manuals which will be of great use to you. First is the SRS Research Information System Thesaurus. This is a useful tool for indexing material and searching on the shelves for specific subjects. The second document is the SRS Research Information System Instruction Manual. The manual describes in detail what the Information System consists of and how these items can best be used. The SRS Research Information System Index, the third document, is a handy tool for locating specific material on a given subject. The last item, the SRS Research Information System Abstracts, is a bound volume series which make available at your fingertips the highlights of research projects which have been completed through the federal grants program of SRS.

TYPE OF MATERIAL

Research reports of federally funded projects form the basis of the Information System and Center. Additional materials include articles from various journals, a few select journals or periodicals, a few select hardback books, and a collection of reference materials such as bibliographies, abstracts, and directories.

SOURCE OF MATERIAL

1. Project Listings/Project Directors - By using the index to those individuals receiving grant monies for a given period of time, the librarian is able to write to the authors of research reports directly requesting a copy of the completed final report. Usually one copy is available from the author or group participating in the project. Additional copies can usually be purchased from the Superintendent of Documents, Government Printing Office, Washington, D.C. or the National Technical Information Service, Department of Commerce, Springfield, Virginia 22151.

2. Bibliographies and Periodicals - Usually at the end of journal articles, there are bibliographies or references cited. Letters addressed to the authors of these articles are sometimes fruitful in obtaining copies; otherwise, journal articles can be obtained through interlibrary loans. Bibliographies on varying subjects are available from the Superintendent of Documents and the National Technical Information Service.

3. GOVERNMENT REPORTS TOPICAL ANNOUNCEMENTS - Annual subscriptions are available to this publication at a rate of $7.25 per category on a semi-monthly basis. The Central Research Information Center (Richmond DVR Library) subscribes to this in the categories of the Behavioral and Social Sciences, Administration and Management, and the Biological and Medical Sciences. These announcements give a brief description of research recently completed. Most of these reports are available in both hardcopy and microfiche. The microfiche copies sell presently for $1.45 regardless of length, while the hardcopy reports vary from $3.00-$12.00.

4. Mailing Lists - Often material on a given subject area will be sent free of charge or at a nominal price if requested from various National and local associations relating to specific disabilities, Research and Training Centers, Regional Rehabilitation Research Institutes, and Rehabilitation Centers.

ACQUISITIONING OF MATERIAL

1. The Central Research Information Center (Richmond DVR Library) will forward extra copies of materials received here to RRICs; and as some items are obtained on microfiche, some original hardcopy reports may be passed on to the RRICs.

2. Recommendations for purchases can be made by the RRICs to the Central Information Center and, when possible and/or feasible, these will be purchased for the Central Center and RRICs. This will depend on the budget status at that time overall for DVR.

3. Before making purchases locally, it would be best to check with the CRIC (Central Research Information Center) to see if a copy is already available. Once a purchase is made locally which is not included at other Information Centers in Virginia, bibliographic data should be forwarded to CRIC to be recorded in the card file as to availability on the local level.

REPRODUCTION OF MATERIAL

According to law, no more than one chapter of a book may be duplicated for any one patron. Xeroxing of articles from journals is restricted to one per patron as compared with one patron getting five copies of the same article. (Some publishers of journals are trying to make libraries pay more for their subscriptions because of supposed loss of subscription monies by the availability of xeroxing services in libraries.)

* * * * * * *

CLASSIFICATION OF MATERIAL

1. Numbering Books, Reports, etc. -

   a. Materials obtained from the CRIC will be forwarded to RRICs with numbers already assigned. These numbers were determined by use of the Classification Index and Subject Index (See Attachments 1 and 2).

   b. Materials obtained from various sources by the RRICs for local use will be assigned numbers by the RRICs. It is suggested that after the subject is determined and the subject number obtained, that a .0 precede the sequential number. For example, an item on mental retardation would use the number "356". To indicate that it is the fourteenth item on mental retardation, a decimal and 14 are added so that the number appears as 356.14. To show that this item is specific to a region in Virginia, a "0" is placed in front of the 14. This means the material will be placed on the shelf very near other similar materials. The

number would appear as 356.014 with the abbreviation of that region beneath it. Numbers for this can be determined by use of the LAST NUMBER USED chart. (See sample, Attachment 3).

c. Materials should be numbered in the upper right-hand corner with a black magic marker. In cases of a dark report, use a white label in the corner before using the magic marker. Hard-back books can be numbered by using transfer paper and an electropencil.

2. Index Cards -

a. Index cards are typed for a regional center by that regional center. Xerox copies of cards on materials available from the central center will be sent with the materials. Subject headings will be indicated on the xerox copies. Non-CRIC materials will have to have cards made up from scratch by the RRIC. Help will be available from CRIC as needed.

b. A copy of the index card should be made for each subject heading. Each subject heading should be listed at the bottom of the set of cards, but only one subject heading should be placed on top. (See sample, Attachment 4).

c. Cards should reflect subject, accession number, author, title, publisher and publisher's address, publication number or grant number, keywords or subject headings at bottom, and price information, as well as date. Size 4" x 6" cards are suggested because of the quantity of information being included by varying type sizes. (See "Guidelines for Index Cards" for rules in determining authors and/or subjects, etc., Attachment 5).

d. These should be filed by subjects alphabetically in a card file box easily accessible to patrons.

* * * * * * *

LOAN PERIODS

1. Non-advertised materials = one-month loans subject to renewal
2. "Linker" advertisements = two weeks only
3. "New Books" ads = three weeks only

Renewals will depend on the number of individuals waiting to see a given item.

CHECK-OUT SYSTEM

1. Addresses on all users (especially non-DVR personnel) is an absolute must. While many patrons mean well, invariably materials are kept for prolonged periods of time unnecessarily. Then, too, occasionally several individuals will want the same material and the individual having this material needs to be advised that others are waiting to see it.

2. Book Cards/Book Pockets -

A book card should be typed with author, title, and accession number. Each time the item is checked out, the borrower's name and the date of check-out is recorded on this. The book cards are kept in the back of each book in either a book pocket or book corner which are glued on the edges and secured to the inside of the back cover.

3. HOLDS -

Anytime someone requests items which are already checked out, a cellophane sheet with a blue color on top is placed over the book card in the check-out tray. A separate card listing author, title, accession number, and the word HOLD is made and placed in the HOLD section of the check-out tray.

4. Check-Out Tray -

This contains the book cards which represent materials checked out and who has borrowed it. When material is returned, the book card is pulled, the borrower's name crossed off, and the holds section checked (if the card has blue cellophane over it). If it does, the next name on the holding list is added to the original book card and deleted from the hold list. Old hold cards are discarded when the last name is marked off.

5. Overdues -

When items are more than a week overdue or when someone is waiting for the item when it is due back in the Information Center, an overdue card is sent requesting the item be returned at the patron's earliest convenience. Sample cards can be obtained from CRIC for use.

6. Evaluation Slips and Routing Slips -

Each item mailed out should have an evaluation slip stapled to the upper right-hand corner. This slip gives the due date, returning procedures, RRIC's address, and a chance to indicate the usefulness or lack of usefulness of a given item. Routing slips indicating what is being sent can be used for mailing out materials. It is suggested that a different color slip be used by each RRIC with the CRIC using white only. This will help individuals know when something is to be returned to a given locality. During the first year of operations, mail returned completed evaluation slips to CRIC for statistical purposes. Thereafter, you may elect to retain these for your own use or refrain from its use.

MAILING PROCEDURES

Materials being forwarded from the Information Center/alias library may use library rates, book rates, or third class rates. Such rates cannot be used when the envelope is sealed with scotch tape. Gummed paper tape can be used, however. First class rates should only be used in emergencies as these

rates can sometimes cost more than the material itself.

BEST COPY AVAILABLE

INTERLIBRARY LOANS

Materials can be borrowed from other "libraries" by use of interlibrary loan forms. When material is not available from your center nor from the CRIC, you can check around at local libraries such as public and university libraries. If the item is available but the individual does not have borrowing privileges, you can borrow it by completing the interlibrary loan forms. The top three copies (forms available from CRIC) are forwarded to the lending library and the fourth retained at the RRIC. When borrowing, you might prefer to place on your mailing address the word "Library" rather than "Information Center". In other situations, retain RRIC.

Be sure to fill in the call number for the item desired and the "verification" as most libraries will not loan items without this information recorded. "Verified in" means the title of the article or item in which the material was first mentioned. Sometimes information on a loan form is not complete and by knowing the source of verification, the librarian can save time hunting for correction of any errors.

* * * * * * *

ABSTRACTS

Abstracts should be xeroxed and given or sent to the borrower rather than removed from the original book. These are primarily reference items which save the reader's time and effort (serving as a screening device for certain materials). An index is available for finding all relevant items on a given subject area.

* * * * * * *

RECORD KEEPING

1. Information Requests - Forms are available on which each information request can be detailed as to requestor's name, address, phone number, specifics of the request, and action taken or reason you were unable to assist the individual. These should be kept on file and monthly sent to the CRIC for statistical and planning purposes.

2. Monthly Checklist - This form can be revised from the one available at CRIC. This includes columns for marking daily the number of items checked-in/checked-out, number placed on hold or removed from hold, number of materials added, withdrawn, or borrowed from CRIC or other libraries, and the number of return requests mailed out. A copy of this informational checklist should be forwarded to CRIC, preferably the last day of the month, or soon thereafter.

Attachment 1

BEST COPY AVAILABLE

VIRGINIA DVR LIBRARY CLASSIFICATION SYSTEM

100 REHAB (GENERAL)

102 Fictional Rehab
105 International Rehab
106 National Rehab
115 Statistics in Rehab
125 Cataloging Rehab Literature
136 Preventive Rehab
137 Reconstructive Rehab
138 Consumerism
139 Delivering Rehab Services

140 MEDICAL REHAB

141 Medical Psychology
142 Medical Evaluation
146 Physical Disability & Restoration
148 Medical Information for VR
150 Medical Research
152 Music Therapy
153 Nursing
154 Occupational Therapy
155 Physical Therapy
156 Prosthetics and Orthotics
158 Neurology

160 PSYCHOLOGICAL REHAB

161 Psychology
162 Psychiatric Rehab
163 Psychological Testing & Eval.
164 Personal Adjustment
165 Dependency & Self-Concept
166 Group Therapy
167 Motivation
168 Behavior & Personality
169 Social Psychology

170 SOCIAL REHAB

171 HEW Social Reports
174 Social Work & Workers
175 Social Welfare & Specific Disabilities
176 Social Group Work
178 Recreation - (i.e. non-medical)

180 VOC. REHAB

181 Voc. Evaluation & Diagnosis
182 Voc. Counseling & Guidance
183 Occupational Information
184 Work: Theories & Meaning
185 Maintenance
186 Independent Living & Self-Care
187 Training - Voc. & Prevoc.
188 Vocational Education
189 Aides, Paraprofessionals, etc.
190 Job Satisfaction
191 Work Adjustment
192 Placement and Closures
193 Caseload Management
194 Referrals & Case Finding
195 Self-Employment - (i.e. small business)
196 Employment of Handicapped
197 Employment, Labor, Manpower (of Nondisabled)
198 Follow-up
199 Consultants

200 DISABLED AND HANDICAPPED

201 Rural Disabled
205 Severely or Multiply Disabled
210 Disabled Women
212 Disabled Men
215 Disabled Children & Youth
220 Disabled Veterans
230 Disabled Industrial Workers
235 Disabled Ethnic Groups
240 Homebound & Homemakers
250 Chronically Ill
260 Attitudes Toward Disabled
261 Attitudes of Disabled
270 Disabled Older Workers or Aged
275 Self-Help Devices
276 Mobility Handicapped
280 Clothing & Other Aids

300 IMPAIRMENTS

304 Alcoholism
308 Amputations
309 Anemia
312 Arthritis
313 Asthma
314 Back Defects
315 Burns
316 Cancer
320 Cerebral Palsy
321 Cerebral Damage (includes Hemiplegics)
323 Cystic Fibrosis
324 Congenital Defects
325 Colostomies
328 Deaf-Blind
332 Diabetes
333 Hemophilia
336 Disfigurements
340 Epilepsy
344 Hearing Defects (Deaf)
348 Heart Defects (Cardiac)
349 Illeostomy
350 Kidney Problems
353 Learning & Reading Disabilities
354 Leukemia
355 Leprosy
356 Mental Retardation
357 Mental Illness, Health (Emotional Problems)
364 Multiple Sclerosis
368 Muscular Dystrophy
371 Pressure Sores
372 Spinal Cord Injuries (Quads & Paraplegics)
374 Parkinsonism
376 Poliomyelitis
380 Speech Defects
381 Spina Bifida Manifesta
382 Stroke
384 Tuberculosis
385 Other Pulmonary Disorders
388 Visual
396 Other

400 REHAB COOPERATION AND INTEGRATION
(Includes Third Party Public Funds)

401 Disaster & Emergency Actions
405 Communications
408 Rehab Camping
409 Rehab Schools
410 Rehab Centers
411 Rehab Research & Trng. Centers
415 Facilities
420 Sheltered Workshops
425 Halfway Houses
426 Residential Care
430 Work-Study Programs (School Units)
431 Mental Retardation Cooperative Program of Training & Research
440 Corrections & VR
450 Mental Hospitals & VR
451 Social Clubs
455 Other Hospitals
460 Welfare & VR
461 Work Incentive Program
465 Social Security Trust Fund-Disability Program & VR
467 Employment Service & Manpower Programs
470 Community Action Programs
475 Model Cities
480 Community Resources
485 Labor and VR
487 Selective Service & VR
490 Architectural & Transportation Barriers

500 FINANCING

501 Medical Care Programs
503 College Scholarships, Loans, & Self-Help Opportunities
505 Grants for VR Programs
508 Foundations
510 Workmen's Compensation
520 Economics
530 Insurance
540 Medicaid
545 Cost Comparisons
550 Training Allowances

BEST COPY AVAILABLE

600 SOCIAL PROBLEMS

602 Energy Conservation
605 Ethics
620 Sociology
625 Public Health
630 Ecology
649 Higher Education
650 Public & Private Education
651 Special Education
655 Social Agencies
668 School Dropouts
669 Social Dropouts
670 Volunteers
671 Crisis Intervention
672 Suicidology
673 Unemployment
674 Minorities
675 Welfare
676 Poverty (Culturally Disadvantaged)
677 Housing
678 Urban Problems
680 Children & Youth
681 Family Planning
682 The Family Unit
683 Foster Care
684 Social Security
690 Aged and Aging
694 Drug Abuse
695 Public Offenders and Juvenile Delinquency
696 Prostitution

700 GOVERNMENT AND ADMINISTRATION

705 Virginia State Government
708 Virginia Census Information
710 Virginia State Agencies
711 Virginia State Planning Commission
712 City Planning Commission
715-725 Legislation
734 Courts
735 Federal Government Agencies and Organizations
736 Health, Education, & Welfare
738 Federal Regulations for VR Program
739 Legal Rights
740 Selective Service
745 Statewide Plans for VR & Annual Reports
748 Comparisons Between States and State/Federal Relations

700 GOVERNMENT AND ADMINISTRATION (CON'T.)

750 Administration
751 Program Evaluation
752 Agency Planning
754 Personnel Hiring and Orientation
755 Staff Development and Training
756 Public Relations
757 Virginia Associations and Organizations
760 Virginia VR Governors' Reports and Administrative Studies
770 Library Administration
771 Interlibrary Cooperation
799 Consultants, Technical Assistant

800 RESEARCH

801 Research Reviews
802 Research Needs
825 Project Listings
829 Social Research Methods
830 Operations Research
835 Research Utilization
836 Research Population

900 REFERENCE AND MISCELLANEOUS

901 Occupational Information Handbook
905 Speaker's Treasure Chest
909 Publishers' Catalogs
910 Abstracts
915 Bibliographies and References
917 College Catalogs and Bulletins
918 Dictionaries
922 Directories
925 Encyclopedias
930 Guides
935 Indexes
937 Maps
940 Audiotapes
949 Catalogs of Audiovisual Material
950 Films Only
960 Mass Media
970 Plays
975 Informational Systems
976 Bibliotherapy

Attachment 2

ALPHABETICAL LISTING OF SUBJECT INDEX

A Abstracts (910)
Adjustment - Personal (164)
Adjustment - Work (191)
Administration (750)
Adolescents (680)
Aged and Aging (690)
Aged - Disabled (270)
Agencies - Federal (735)
Agencies - Private (655)
Agencies - State (710)
Aides (189)
Alcoholism (304)
Amputations (308)
Anemia (309)
Annual Reports - Voc. Rehab (745)
Aphasia (380)
Architectural Barriers (490)
Arthritis (312)
Associations (757)
Asthma (313)
Attitudes of Disabled (261)
Attitudes toward Disabled (260)
Audiotapes (940)
Audiovisual Aids (950) (940)

B Back Defects (314)
Behavior (168)
Behavior Modification (168)
B Bibliographies (915)
Blind (388)
Burns (315)

C Cancer (316)
Cardiac (348)
Case Finding (194)
Caseloads (192)
Cataloging Rehab Literature (125)
Cerebral Damage (321)
Cerebral Palsy (320)
Cerebral Vascular Accident and Disease (382)
Children (680)
Children - Disabled (215)
Chronically Ill (250)
City Planning Commission (712)
Clinical Psychology (161)
Closures (192)
Clothing (280)
Clubs (451)
College - Catalogs (917)
College - Scholarships (503)
Colostomies (325)
Communication (405)
Community Action (470)
Community Resources (480)
Compensation - Workmen's (510)

C Congenital Defects (324)
Consultants (199)
Consultation (199)
Cooperation (400)
Cooperative Agreements (431)
Corrections (440)
Cost Comparisons (545)
Counseling - Vocational (182)
Courts (734)
Culturally Disadvantaged (676)
Cystic Fibrosis (323)

D Deaf (344)
Deaf - Blind (328)
Delinquency - Juvenile (695)
Delivering Rehab Services (139)
Dependency (165)
Diabetes (332)
Dictionaries (918)
Directories (922)
Disabilities (300)
Disabled - Children (215)
Disabled - Ethnic Groups (235)
Disabled - Industrial Workers (230)
Disabled - Men (212)
Disabled - Older Workers or Aged (270)
Disabled - Rural (201)
Disabled - Severely (205)
D Disabled - Veterans (220)
Disabled - Women (210)
Disaster (401)
Disfigurements (335)
Dropouts - School (668)
Drug Abuse (694)

E Economics (520)
Education - Higher (649)
Education - Public and Private (650)
Education - Special (651)
Education - Vocational (188)
Emergency Action (401)
Emotional Disorders (357)
Employment - General (197)
Employment - Handicapped (196)
Employment - Self (195)
Encyclopedias (925)
Epilepsy (340)
Estimated Needs (135)
Evaluation - Medical (142)
Evaluation - Psychiatric (163)
Evaluation - Psychological (163)
Evaluation - Social (None)
Evaluation - Vocational (181)

F Facilities (415)
Family Planning (681)
Family Unit, The (682)

F Federal Agencies (735)
Federal Regulations (738)
Fictional Rehab (102)
Films (950)
Financial (500)
Follow-Up (198)
Foster Care (683)
Foundations (508)

G Government (700)
Government - Federal (735)
Government - State (705)
Grants (505)
Groups (166)
Group Therapy (166)
Guides (930)

H Halfway Houses (425)
Health - Public (625)
Hearing Defects (344)
Heart Defects (348)
Hemiplegia (343)
Hemophilia (333)
HEW Social Reports (171)
Hiring (754)
Homebound (240)
Homemakers (240)
Hospitals - General (455)
Hospitals - Mental Units (450)
Housing (677)

I Illeostomy (349)
Impairments (300)
Independent Living (186)
Indexes (935)
Insurance (530)
International Rehab (105)

J Job Satisfaction (190)
Juvenile Delinquency (695)

K Kidney Problems (350)

L Labor/Vocational Rehab Relationship (485)
Learning and Reading Disabilities (353)
Legal Rights (739)
Legislation - Veterans (715)
Legislation - Vocational Rehab (738)
Leprosy (355)
Leukemia (354)

M Maintenance (185)
Maps (937)
Mass Media (960)
Medicaid (540)
Medical Care Programs (501)
Medical - Consultation (143)
Medical - Evaluation (142)
Medical - General (100)
Medical Psychological (160)
Medical - Rehab (140)
Medical - Research (150)
Medical - Social (170)
Medical Information for VR (148)
Mental Illness (357)
Mental Retardation (356)
Mental Retardation - Cooperative Programs (431)
Minorities (674)
Mobility Handicapped (276)
Model Cities (475)
Motivation (167)
Multiple Sclerosis (364)
Multiply Disabled (205)
Muscular Dystrophy (368)
Music Therapy (152)

N National Rehab (106)
Neurology (158)
Nursing (153)

O Occupational Information (183)
Occupational Therapy (154)
Organizations (757)
Orientation (754)
Other Hospitals (455)
Other Impairments (396)
Other Pulmonary Disorders (385)

P Paraplegia (372)
Parkinsonism (374)
Personal Adjustment (164)
Personality (168)
Personnel (754)
Physical Disability (Psy. Impact) (144)
Physical Restoration (146)
Physical Therapy (155)
Placement (192)
Plays (970)
Poliomyelitis (376)
Population (836)
Poverty (676)
Pressure Sores (371)
Preventive Rehab (136)
Private Education (650)
Probation (695)
Problems - Social (600)
Program Evaluation (751)
Project Listings (825)
Prosthetics (156)
Psychiatric Rehab (162)
Psychological Rehab (160)
Psychology - Social (169)
Public Education (650)
Public Health (625)
Public Offenders (695)
Public Relations (756)
Pulmonary Disorders (384 & 385)

Q Quads (372)

R Reconstructive Rehab (137)
Recreation (178)
Reference (900)
Referrals (194)
Regulations - Federal (738)
Rehab Centers (410)
Rehab Research and Training Centers (411)
Rehab Schools (409)
Research (800)
Research Needs (802)
Research Population (836)
Research Reviews (801)
Research Utilization (835)
Rights Legal (739)
Rural Disabled (201)

S Scholarships (503)
School Dropout (668)
Selective Service (740)
Self-Employment (195)
Self-Help Devices (275)
Severely Disabled (205)
Sheltered Workshops (420)
Small Business (195)
Social Clubs (451)
Social Group Work (176)
Social Psychology (169)
Social Rehab (170)
Social Reports (171)
Social Security (684)
Social Security Trust Fund Disability Program (465)
Social Welfare (175)
Social Work (174)
Sociology (620)
Speaker's Treasure Chest (905)
Special Education (651)
Speech Defects (380)
Spina Bifida Manifesta (381)
Spinal Cord Defects (372)
Staff Development (755)
Statewide Plans - Vocational Rehab (745)
Statistics (115)
Stroke (382)
Suicides (672)

T Training Allowances (550)
Training Centers (411)
Training - Prevocational (187)
Training - Vocational (187)
Transportation (490)
Tuberculosis (384)

U Urban Problems (678)

V Veterans (220)
Virginia - Agencies (710)
Virginia - Government (705)
Virginia - Governor's Commissions (760)
Virginia - Planning Commission (711)
Visual Impairments (388)
Volunteers (670)

W Welfare (675)
Welfare - Vocational Rehab Units (460)
Work Adjustment (191)
Work Incentive Programs (461)
Work - Study Programs (430)
Work - Theories (184)
Workshops - Sheltered (420)

BEST COPY AVAILABLE

Attachment 3

LAST NUMBER USED-----

Category	Books	Research Reports	Small items	Articles
180 Voc. Rehab .0				
181 Evaluation-Voc. .0		~~37~~ ~~40~~	~~25~~	~~24~~
182 Counseling-Voc. .0	~~45, 46~~	~~23~~, ~~25~~	~~05~~	
183 Occupational Info. .0	~~01~~			
184 Work, Theories .0				
185 Maintenance .0				~~01~~
186 Independent Living .0				
187 Training-Voc. .0		~~30~~, ~~31~~, ~~32~~, ~~33~~,	~~02~~	
188 Vocational Education .0				
189 Aides .0		~~04~~		
190 Job Satisfaction .0				
191 Work Adjustment .0	~~02~~			
192 Placement .0				
194 Referrals .0				
195 Self-Employment .0				
196 Employment-Handicapped:				
etc.				

Attachment 4

PLANNING-GOALS 755.43

Houts, Peter S. and Robert A. Scott

GOAL PLANNING IN MENTAL HEALTH REHABILITATION

Department of Behavioral Science, The Pennsylvania State University, College of Medicine, The Milton S. Hershey Medical Center, Hershey, Pennsylvania

1972

1. Planning-Goals 2. Mental Health

Publication No. XYZ

Copies at:
Richmond - 1
Norfolk - 1

MENTAL HEALTH 755.43

Houts, Peter S. and Robert A. Scott

GOAL PLANNING IN MENTAL HEALTH REHABILITATION

Department of Behavioral Science, The Pennsylvania State University, College of Medicine, The Milton S. Hershey Medical Center, Hershey, Pennsylvania

1972

1. Planning-Goals 2. Mental Health

Publication No. XYZ

Copies at:
Richmond - 1
Norfolk - 1

Attachment 5

GUIDELINES FOR INDEX CARDS

AUTHORS

1. Use the name or names of individuals stated "author". If there are too many names, use only a few; then add "et al" to represent "and all others".

2. If there is not an "author" listed, and a project director or project coordinator's name is listed, use his or her name.

3. If the material consists of a collection of articles by many authors, use the editor's name and state after his name, editor.

4. If the material appears to be the work of a group, committee, or association, use this group's name.

SUBJECTS

1. Determine subjects first by looking at the title. If it is too ambiguous, such as "Meanwhile at Home", look at the table of contents for the general theme. In this example, it happens to be about halfway houses rather than homemaking or the homebound, etc.

2. Check either Attachment 2 of this paper or the SRS Research Information System Thesaurus for decisions regarding the use of "Mentally Retarded" rather than "Mental Retardation", etc.

PUBLICATION NUMBERS OR PROJECT NUMBERS

1. Most material from the Government Printing Office will have a number on the next to last page or back cover by which the item can be ordered. Be sure this number is put on the card for future ordering purposes.

2. All research reports are given a project number when grants are given for the research or demonstration. This number can be most useful in obtaining the abstract or additional copies.

3. Books usually have either a card catalog number or Library of Congress (LC) number assigned to it. Be sure these numbers get on the cards, too.

APPENDIX D

SUPPLIES AND EQUIPMENT NEEDED

1 (or more)	bookshelves	
1 (or more)	file cabinets	
1 packet	transfer papered numbers or an electro-pencil for lettering books with transfer paper and transfer paper rolled	(Gaylord Bros., Inc. and other library suppliers have these.)
1	black magic marker	
2 (or more)	boxes of 3" x 5" blank cards	
1	two-drawer card index file for 3" x 5" cards	
1 or additional	notebook for signing-out books (along with notebook paper) 3" x 5" cards and box for holding these	
1	pad of paper or a shorthand pad for checking last number used	

APPENDIX E, Exhibit 1

Summary of Research Utilization-Facilities

Project Results through January 1971

Marked involvement of most workshops in upgrading their service programs has been experienced since the initiation of this project. Communication gaps have been bridged in all instances. This has been evident not only in Agency-Workshop relations but also in Workshop-Workshop relations as demonstrated by a new willingness on the part of the workshops in sharing contracts with one another. In addition to this, all workshops have adopted a standards system in conjunction with the Department's Workshops and Facilities Branch.

Following the first Statewide conference, a noticeable increase in workshop utilization by vocational rehabilitation counselors was noticed. Specifically, outstanding achievement in attitude, client service delivery, program development, or organizational patterns has been observed by the Department's Workshops and Facilities staff in the following facilities:

Botetourt Work Activity Center, Fincastle, Virginia. Expansion of services to include all disabilities in addition to those previously served (mental retardation).

Ernest L. Burgandine Sheltered Workshop, Covington, Virginia. Technical consultations and establishment of more effective accounting procedures.

Charlottesville-Albemarle Workshop, Charlottesville, Virginia. Formalization of program of services.

Cordet, Incorporated, Richmond, Virginia. Program expansion and improvement. Purchase of additional equipment through Section 2 funds. Employment of a professional director and two (2) additional staff.

Goodwill Industries of Roanoke, Roanoke, Virginia. This facility has expanded to include the former Roanoke Valley Training Center for Retarded. Establishment of dormitory facilities for men and women. Establishment of a vocational evaluation laboratory now employing a full-time psychologist. Establishment of two satellites in Bristol, Virginia and Gate City, Virginia. Current satellite plans include opening a facility in Norton, Virginia. Establishment of a Contract Division. Expansion of present staff.

Sarah B. Hudgins Regional Center, Hampton, Virginia. Technical consultation in long-ranged program planning and development. Establishment of a more effective accounting and bookkeeping system. Employment of ancillary staff.

Linville-Edom Sheltered Workshop, Harrisonburg, Virginia. Technical consultation in program planning and effective services. Improved community relations. Relocation of entire facility in order to provide more effective transportation system and increase workshop effectiveness.

Martinsville Association for Retarded Children (MARC), Martinsville, Virginia. Facility remodeled in order to increase service delivery. Formalized program of services. Improved community relations and image. Additional equipment grant from Section 2 funds.

New River Valley Workshop, Incorporated, Dublin, Virginia. Although plans for the establishment of this facility had been made previous to the project initiation, the institutes and seminars served to help crystallize these plans.

Northwestern Workshop, Incorporated, Winchester, Virginia. Established as a result of the project. Community participation and involvement obtained through concentrated effort on part of Workshops and Facilities personnel.

Opportunities Unlimited, Incorporated, Fredericksburg, Virginia. Expansion and improvement of services to all disabilities. Technical consultation. Workshop reorganization in order to facilitate services. Adoption of a formalized program of services. Improvement in contract procurement techniques. Acquisition of new equipment through Section 2 funds.

Southside Sheltered Workshop, Petersburg, Virginia. Technical consultation. Program expansion plans developed to include all disabilities. Development of new building program plans.

Tidewater Vocational Center, Norfolk, Virginia. Expansion of training facilities. Employment of additional training staff. Establishment of satellite workshop in Tidewater area.

Valley Workshop, Incorporated, Waynesboro, Virginia. Establishment of satellite programs in Buena Vista, Virginia and Staunton, Virginia. Expanded services to include aged. Equipment grants received through Section 2 funds. Employment of ancillary services.

APPENDIX E (Exhibit 2)

COMMONWEALTH OF VIRGINIA

BOARD OF VOCATIONAL REHABILITATION
W. HARRY SCHWARZSCHILD, JR., CHAIRMAN, RICHMOND
ROLAND WALKER, VICE CHAIRMAN, KENBRIDGE
FLOYD H. ARMSTRONG, WEST POINT
WIEMAN H. KRETZ, M.D., NEWPORT NEWS
LEROY SMITH, M.D., RICHMOND
MRS. ANITA JEANNE STEINER, GATE CITY

DEPARTMENT OF VOCATIONAL REHABILITATION

COMMONWEALTH BUILDING
P. O. BOX 11045

4615 WEST BROAD STREET
RICHMOND, VIRGINIA 23230

DON W. RUSSELL
COMMISSIONER

TELEPHONE
770-2091

July 9, 1971

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Mr. Paul T. Bassett, Director
Research and Staff Development
Department of Vocational Rehabilitation
P. O. Box 11045
Richmond, Virginia 23230

Dear Mr. Bassett:

Enclosed is a copy of the Facilities annual report for fiscal year 1971. The charts accompanying it (last four pages) show a dramatic increase in utilization for the year, and it is our feeling that this increase is directly attributable to the meetings--statewide and regional--held in cooperation with your project.

I think we should make every effort to continue the training program we have instigated--not for just workshop personnel, but for the Department of Vocational Rehabilitation personnel.

Sincerely,

James E. Cook, Assistant Director
Facility Development

JEC:ct

Enclosure

VR-11
(4-73—100M)
Dept. of Voc. Rehab.

10 n Daniel 9-4-7 Harr Rea

APPENDIX E (Exhibit 3)

INTER-OFFICE COMMUNICATION

To: Mr. Harry A. Wellons

From: James V. Snow - Roanoke Regional Office

Re: Employment Patterns furnished by the - Division of Industrial Development

Date: March 1, 1974

I asked the supervisors from region I to let me know whether or not the employment patterns written up by the Division of Industrial Development were of any value to them. The response was almost unanimously favorable. I feel, therefore, that we would benefit by continuing to receive these reports.

JVS/apb

Dear Paul,
The above memo. speaks for the above information
Harry

MAR 4 1974

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APPENDIX E (Exhibit 4)

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IMPACT INVENTORY

(all RUS projects)

	Total	Virginia	Mass.	New Jersey	Alabama	Texas	Missouri	Utah	Wisconsin	California
* DISSEMINATION	4.61	5.23	4.65	4.96	4.70	5.00	4.82	4.30	3.75	4.54
IMPLEMENTATION	4.04	4.79	4.11	4.25	4.44	4.48	4.11	3.47	3.13	3.99
PLANNING	4.36	4.87	4.48	4.82	4.63	4.71	4.27	3.94	3.55	4.46
LEADERSHIP	4.31	4.79	4.30	4.65	4.75	4.64	4.33	3.89	3.66	4.06
OUTREACH	4.45	4.89	4.64	4.62	4.74	4.81	4.43	4.08	4.03	4.04
MOBILIZATION OF RESOURCES	4.06	4.77	4.20	4.17	4.38	4.58	4.18	3.67	3.09	3.95
AWARENESS OF NEEDS	4.49	4.91	4.87	5.18	4.81	4.77	4.56	3.77	3.62	4.71
TRAINING	3.91	4.41	4.19	4.09	4.24	4.30	4.21	3.52	3.10	3.67

* See key to Exhibit 4 for descriptions.

KEY TO EXHIBIT 4 OF APPENDIX E

DISSEMINATION - Extent to which information is obtained from the RUS project, especially information about rehabilitation research and innovative rehab practices.

IMPLEMENTATION - Extent to which rehabilitation workers have, as a result of RUS efforts, put new knowledge into practice or have been stimulated to self-examination leading to program improvements.

PLANNING - Extent to which rehabilitation workers feel the RUS plans what he does effectively. Planning includes building upon past efforts and employing his knowledge of priorities, needs and funding constraints in the state to make suggestions that are <u>feasible</u> and make best use of available resources.

LEADERSHIP - Extent to which the RUS is attended to and respected by rehabilitation workers. Includes their acceptance of the RUS in a leadership role in making program improvements, motivating and coordinating the activities of others. Also includes their perceptions of the RUS's personal qualities of enthusiasm and commitment to his work.

OUTREACH - Extent to which rehabilitation workers are aware of the specific services the RUS has to offer.

MOBILIZATION OF RESOURCES - Extent to which, as a result of the RUS project, rehabilitation practitioners have become linked with available rehab resources, such as RRRIs, RULs, SRS Central Office, and so forth, or with universities, other government agencies, and private consultants.

AWARENESS OF NEEDS - Extent to which rehabilitation workers perceive the RUS as understanding and appreciating the goals of rehabilitation in his state, and the specific needs of rehab workers as they try to reach these goals.

TRAINING - Extent to which, as a result of RUS's efforts, rehab workers' understanding of the ways in which new knowledge can be put into practice has been increased, through training institutes, orientation sessions for new personnel, personal tutoring, etc.

APPENDIX E (Exhibit 5)

Impact of the RUS Project FREE RESPONSES - Virginia

3.001
Acceptance of the worth of RUS has been slow. Demonstration and persistence has been the mode of gaining acceptance and utilization.

3.004
I have found RUS to be very helpful and cooperative in my specific area. RUS encounters some problems due to personnel reacting negatively to "Research." I feel RUS has a very positive relationship with the field program; some lesser degree to administration. Extremely helpful to me.

3.009
It's a great project. Very worthwhile.

3.012
I would be at a tremendous disadvantage without RUS!

3.031
RUS is a good idea. Like all projects I would hope to see more benefit from the activities as time moves along.

3.047
RUS has developed a very useful newsletter "The Linker" and a library. It introduced the principles of behavior modification to rehab staff in Virginia. These principles have been applied in several different settings and have improved services to the handicapped.

3.048
The RUS is extremely helpful to someone wherever it is used, but it is not essential anywhere. Consequently, its existence in our agency depends not on the number of people who find it important, nor on the extent of its importance to those involved in it, but on the availability of funds.

3.050
There is no question that the use of research is important. However, this RUS Project seems to exist in name only and has had little or no effect on my work or performance. Of course, I welcome all the practical help I can get. So far, the project has done little for me.

3.092
RUS doesn't often "seek us out" but if you call them they are pleasant and willing to help. Were very useful in our Behavior Modification Program. It may be partly our fault that our staff doesn't use them more or that one staff member doesn't always know what another is using.

With only one research person (plus a librarian) for the entire state, the RUS project is physically unable to do more than make a dent in the multitude of problems facing the Department of Rehabilitation.
Thus when I say in effect, that the RUS has failed to do a certain thing, or has not extended aid to counselors in the field, or has not proven his capability, what we are saying is he has to spread himself so thin his value to field people is often diminished close to the point of no effectiveness at all.

Rehabilitation and Research Questionnaire FREE RESPONSES - Virginia

3.001
The Virginia RUS Project is beginning to have substantial impact on VR efforts statewide. It has been a long hard struggle but the future looks bright.

3.004
Bassett and his RUS have been very helpful to me personally and I believe he is beginning to get the importance of RUS recognized and accepted. It has been an uphill fight in specific instances and individuals.

3.005
I am very pleased with the manner in which Mr. Bassett has conducted the RUS program in Virginia. I have used his research to a great advantage in sheltered workshops and facilities.

3.007
Am proud of our Library and the services it renders under the direction of Mr. Bassett.

3.008
On the whole, I feel this project has been effective.

3.012
The RUS is a very vital part of this agency. They are of tremendous help to me.

3.016
I have worked with Mr. Bassett in carrying out his research projects. His work in this area has been helpful to my staff.

3.017
The library resources have been of particular benefit though not to exclusion of appreciation of other activities of the RUS project.

3.026
I have found the RUS project helpful in my work.

3.029
No serious efforts are being made in the Va. Dept. of Vocational Rehabilitation to upgrade quality--the only effort exerted has been to increase the number of statistical rehabilitations. Research is utilized only when funds are made available for its application in show-case projects. Research findings are never utilized in the bulk of VR work in this agency.

3.031
I plan to use Mr. Bassett's services more in the not too distant future.

3.083
I personally find it interesting, insulting and to a degree unbelievable that RUS is operant in Va. and my staff and I have no knowledge of it.

3.110
Unfamiliarity in this agency with RUS would, in my opinion, be due mainly to

ignoring information sent out and reports by RUS.

3.115
The RUS project has much potential but I haven't heard much from our RUS. lately. I think the Department could be kept better informed on his activities.

3.120
I find that Research Utilization can offer many new techniques as well as project success or failure in various areas.

SAMPLE OF RUS PLAN ACTIVITY FORM FOR VIRGINIA DVR (ABRIDGED)

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RUS ACTIVITY PLAN FY 1974-'75

Program Areas	Objectives	Activities	Personnel	Time	Costs	Notes
I. SSI & Trust Fund	1. To increase services to a significantly greater number of Trust Fund recipients during the fiscal year by increasing placement opportunities.	(A) Identify major problem areas which presently hinder VR services to SSA referrals. (B) Two Community Resource Institutes	(1) Use of staff from West Va. R & T Center. (2) Selected DVR staff. (3) Contracted services.	(a) Schedule accordingly (a) To be scheduled	$200 $2,000/institute = $4,000	
II. Deaf and Hard of Hearing	1. To develop an awareness of the VR problems of the D & HH among community employers and selected service agencies 2. To increase employment opportunities for the D & HH in selected communities.	(A) Continue information flow and mass media tactics through Linker. (B) Two Community Resource Institutes (C) Use resources of R & T #17 (NYU Deafness R & T Center) in applying knowledge to agency research needs.	(1) Edwards (2) Purvis, Bassett, and D & HH Council (3) Dr. Schein and staff of R & T Center #17 (4) Staff from State schools for the deaf.	 (a) To be scheduled (a) Schedule accordingly	Regular costs of publications approximately $260/mt. $2,000/institute = $4,000 $1,000 expenses for consultants	
III. RU Conference for Medical Consultants and Staff	1. To further develop an awareness of new research findings and application as related to severely disabled.	(A) RU seminars at WWRC for OT's, PT's, nursing staff, and medical staff	(1) R & T Centers #8 & 9 staff (2) Hanks (3) Bassett (4) J. Sharrer (5) C. Merritt (6) Other DVR staff	(a) October 1974 (?)	$4,000	
IV. Workshops and New Evaluation Centers	1. To implement behavior improvement techniques in four workshops which will result in successful rehabilitation of 50 clients. 2. To utilize the resources available to the Dept. to perfect an effective evaluation program at the new evaluation centers.	(A) Follow-up with Suffolk and Fairfax Opportunity Center ref. behavior modification begun last fiscal yr. (B) Implement new approach at Tinker Mt. & Rappahannock workshops. (C) Establish contact & information from R&T Center #22 which will aid in development.	(1) Dr. Thompson, et al (2) Dickerson (3) Bassett (4) Staff from R & T Center #22 (Stout State)	(a) Continuing (b) To be arranged (c) June 1974	$600 $1,000	
V. Homebound Study	1. To establish a study committee to explore the problems associated with this group of disabled. 2. To determine better ways of serving the severely disabled homebound client.	(A) Identify the group. (B) Obtain information relating to successful homebound programs and disseminate using mass media approach. (C) Use of resources as deemed appropriate by the study group.	(1) Meeks (2) Edwards (3) WWRC staff (4) Operations staff	(a) Continuing (b) Continuing (c) Oct. 31 (first report)	Publications costs (See above.)	
VI. Post-Employment Studies (Special Studies)	1. To study closed cases to determine strengths and weaknesses in existing placement and service areas for the severely disabled.	(A) Review literature to obtain ideas regarding study methods. (B) Select samples. (C) Coordinate study with Operations staff.	(1) DVR staff (2) Wade (3) Bassett (4) R & T Center #15 as needed	(a) Sept. 1 - October 30	$1,000	
VII. Placement Techniques and Procedures	1. To increase placement effectiveness of VR staff. 2. To improve training curriculum relevant to placement techniques. 3. To develop a proposal for an R & D Grant (or expansion grant) to determine factors involved in effective VR placement practices.	(A) Special study to determine what factors influence counselor effectiveness in placement. (B) Review of the literature: ref. placement techniques to determine what is applicable. (C) Continue program of listing industrial trends in Va. (D) Conduct two placement seminars in State.	(1) Task Force to be selected Merritt (2) Edwards (3) Governor's Council on Industrial Development (4) Breeding (5) Training staff	(a) To be scheduled	$4,000	